

# FAMILY

## THErapy ASSOCIATES, LLC

150 W First St Ste 270 New Richmond WI 54017  
715-246-4840  
www.ftacounseling.com

### NOTICE OF PRIVACY PRACTICES

#### The Health Insurance Portability and Accountability Act (HIPAA) and Client Privacy Statement- Effective September 23, 2013

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

Federal and state privacy and medical records laws protect your rights as a client of Family Therapy Associates, LLC. This notice applies to your current contact with Family Therapy Associates, LLC and all future contacts, whether the contact is in person, by telephone, or by mail.

Family Therapy Associates, LLC is required to protect the privacy of your Protected Health Information (PHI). We are also required by the Health Insurance Portability and Accountability Act (HIPAA) to provide you with a notice of our legal duties and privacy practices with respect to PHI. The terms we, our, and us refer to Family Therapy Associates, LLC and the terms you and your, refer to our clients.

#### NOTICE INFORMATION

This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment, and health care operations and for other purposes that are specified by law.

We reserve the right to change this Notice. The changes will apply for PHI we already have about you and PHI we receive about you in the future. We will provide an updated Notice to you when you request one.

If you have questions about this Notice, our privacy practices, or Family Therapy Associates, LLC that this Notice applies to, please contact us at:

#### PROTECTED HEALTH INFORMATION

Protected Health Information (PHI) is:

- 1) Information about your physical or mental health, related health care services.
- 2) Information that is provided by you, created by us, or shared with us by related organizations.
- 3) Information that identifies you or could be used to identify you, such as demographic information, address and phone number, social security number, age, date of birth, dependents, and health history.

#### HOW FAMILY THERAPY ASSOCIATES, LLC PROTECTS YOUR PHI

Except as described in this Notice or specified by law, we will not use or disclose your PHI. We will use reasonable efforts to request, use, and disclose the minimum amount of PHI necessary.

Whenever possible, we will de-identify or encrypt your personal information so that you cannot be personally identified. We have put physical, electronic, and procedural safeguards in place to protect your PHI and comply with federal and state laws.

#### YOUR RIGHTS

You have the following rights with respect to your PHI.

**Obtain a copy of this Notice.** You may obtain a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy.

**Request restrictions.** You may ask us not to use or disclose any part of your PHI. Your request must be in writing and include what restriction(s) you want and to whom you want the restriction(s) to apply. We will review and grant reasonable requests, but we are not required to agree to any restrictions.

**Inspect and copy.** You have the right to inspect and get a copy of your PHI for as long as we maintain the information. You must put your request in writing. We may charge you for the costs of copying, mailing, or other supplies that are necessary to grant your request.

We do have the right to deny your request to inspect and copy. If you are denied access, you may ask us to review the denial.

**Request amendment.** If you feel that your PHI is incomplete or incorrect, you may ask us to amend it. You may ask for an amendment for as long as we maintain the information. Your request must be in writing, and you must include a reason that supports your request. In certain cases, we may deny your request. If we deny your request for amendment, you have the right to file a statement of disagreement with our decision.

**Receive a list (an accounting) of disclosures.** You have the right to receive a list of the disclosures (an accounting) that we have made of your PHI on or after April 14, 2003.

The list will not include disclosures that we are not required to track, such as disclosures for the purposes of treatment, payment, or health care operations; disclosures which you have authorized us to make; disclosures made directly to you or to friends or family members involved in your care; or disclosures for notification purposes.

Your right to receive a list of disclosures may also be subject to other exceptions, restrictions, and limitations.

Your request for an accounting must be made in writing and state the time period for which you would like us to list the disclosures. We will not include disclosures made more than six years prior to the date of your request, or disclosures made prior to April 14, 2003.

You will not be charged for the first disclosure list that you request, but you may be charged for additional lists provided within the same 12-month period as the first.

**Request confidential communication.** You may ask us to communicate with you using alternative means or alternative locations. For example, you may ask us to contact you about medical records only in writing or at a different address than the one in your file. Your request must be made in writing and state how and when you would like to be contacted.

You do not have to tell us why you are making the request, but we may require you to make special arrangements for payment or other communications.

We will review and grant reasonable requests, but we are not required to agree to any restrictions.

**Note: Special Rules for Psychotherapy Notes.**

Only psychotherapy notes collected by a psychotherapist during a counseling session are considered PHI. If those notes are kept separate from a client's medical records, HIPAA requires that they be treated with higher standards or protection than other PHI.

It is not Family Therapy Associates, LLC practice to keep psychotherapy notes as defined by HIPAA, or to keep any client notes separate from the client's file.

**WHEN FAMILY THERAPY ASSOCIATES, LLC MAY USE AND DISCLOSE PHI**

**Common reasons for our use and disclosure of PHI include:**

**Treatment.** To provide, coordinate, or manage health care and related services for you to make sure you are receiving appropriate and effective care.

For example, we may contact you to provide appointment reminders, information about treatment alternatives, or to refer you to other health-related benefits and services that may be of interest to you. Or we might contact another health care provider or third party to share information or consult with them about the services we are providing to you.

**Payment.** To obtain payment or reimbursement for services provided to you. For example, we may need to disclose PHI to determine eligibility for treatment or claims payment.

**Health Care Operations.** To assist in carrying out administrative, financial, legal, and quality improvement activities necessary to run our business and to support the core functions of treatment and payment.

**Health Plan Sponsor.** We may disclose PHI to a group health plan administrator, which may, in turn, disclose such PHI to the group health plan sponsor, solely for purposes of administering benefits

**Individuals involved in your care or payment for your care.** We may disclose your PHI to a family member, other relative, close personal friend, or any person you identify, who is, based on your judgment, believed to be involved in your care or in payment related to your care.

**As required by law.** We must disclose PHI when required to do so by law.

### **LESS COMMON REASONS FOR OUR USE AND DISCLOSURE OF PHI INCLUDE:**

**Legal proceedings.** We may disclose PHI for a judicial or administrative proceeding in response to a court order, written notice, or protective order.

**To avert serious threat to public health or safety.** We may disclose PHI to avoid a serious and imminent threat to your health or safety or to the health or safety of others.

**To provide reminders and benefits information to you.** Disclosures may be used to verify your eligibility for health care and enrollment in various health plans and to assist us in coordinating benefits for those who have other health insurance or eligibility for government benefit programs

**Worker's compensation.** We may disclose PHI to comply with worker's compensation laws and other similarly legally established programs.

**Abuse or neglect.** We may make disclosures to government authorities or social service agencies as required by law in the reporting of abuse, neglect, or domestic violence.

**To government agencies for compliance purposes.** We may use or disclose PHI to the Secretary of Health and Human Services to assist with a complaint investigation or compliance review.

**Law enforcement.** We may disclose PHI to law enforcement officials for the purpose of identifying or locating a suspect, witness, or missing person, or to provide information about victims of crimes.

**Business associates.** We provide some services through contracts with business associates. Examples include certain diagnostic tests, a copy service to make copies of medical records, billing services, independently contracted clinicians and the like. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you and your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

**Notification.** We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, location, and general condition.

**Marketing/continuity of care.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If we contact you to provide marketing information for the other product or services, you have the right to opt out of receiving such communications. Contact Jamie Mason or Amy Hering at 715-246-4840. If we receive compensation from another entity for the marketing, we must obtain your signed authorization.

**Correctional institution.** If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Research.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Your written permission:** We are required to get your written permission (authorization) before using or disclosing your PHI for purposes other than those provided above, or as otherwise permitted or required by law. If you do not want to authorize a specific request for disclosure, you may refuse to do so without fear of reprisal.

**You may withdraw your permission:** If you do provide your written authorization and then later want to withdraw it, you may do so in writing at any time. As soon as we receive your written revocation, we will stop using or disclosing the PHI specified in your original authorization, except to the extent that we have already used it based on your written permission.

**Rights of clients who pay "out-of-pocket" to not have information disclosed to their health insurance company:** A client who pays cash or other "out-of-pocket funds" for their office visit and treatment may request this office to not disclose the information related to their visit and treatment to their health insurance company or other payer. The client can do this by completing the appropriate form. This form should be completed **each time** the client has a visit or treatment during which the client requested the information to not be disclosed.

## **YOU MAY FILE A COMPLAINT**

If you believe your privacy rights have been violated, you can file a complaint with Family Therapy Associates, LLC's HIPAA Privacy Officer, or with the United States Department of Health and Human Services at:

Medical Privacy Complaint Division  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019

## **DATA PRIVACY**

**Why do we ask for information?** We ask for information from you to determine what service or help you need, develop a service plan with you, and give you the services you want.

The information may also be used to determine your charges for services or for collection of payment from insurance companies or other payment sources.

**Do you have to give information to us?** There is no law that says you must give us any information. However, if you choose to not give us some information, it can limit our ability to serve you well.

**What will happen if you do not answer the questions we ask?** If you are here because of a court order, and you refuse to provide information, that refusal may be communicated to the Court.

Without certain information, we may not be able to tell who should pay for your services.

## **WHAT PRIVACY RIGHTS DO MINORS HAVE?**

If you are under 18, you may request that information about you be kept from your parents. You must give us your request in writing, describe the information, and tell us why you don't want your parents to see it.

If, after reviewing your request, your therapist at Family Therapy Associates, LLC believes that giving information to your parents is not in your best interest, we will not share the information. If your therapist believes this information could be safely shared with your parents, we will inform you of that decision.

If you are 14, you may ask for mental health services without the consent of your parents, but you may have to pay for the services if you do not want your parents to know.

***Please sign this form. Your signature shows that we have informed you of your privacy rights, that you are aware of the possible uses and disclosures of your protected health information and that you have received a copy of this information***

Client Signature

\_\_\_\_\_

Date:

\_\_\_\_\_

Parent/Legal Guardian  
Signature

\_\_\_\_\_

Date:

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date:

\_\_\_\_\_