

# PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY ..**

Our Privacy Commitment To You- We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations or when we are required by law to do so.

Understanding the Type of Information We Have - When we receive your health information, it may include your date of birth, sex, ID number and other personal information. In addition, your record may contain service goals, assessment results, service plans and other information. This information, often referred to as your health or medical record, serves as a basis for planning your care and services. All of this information will be referred to in this Notice as Protected Health Information or "PHI." The statute that regulates how Mental Health Resource Associates (MHRA) must protect your PHI is known as the Health Insurance Portability and Accountability Act, as amended (HIP AA) and the regulations thereunder (the Privacy Rules)

When Must MHRA Disclose Your PHI? We must disclose your PHI in three situations:

- To you;
- To the Secretary of the Department of Health and Human Services (DHHS) to determine whether MHRA is in compliance with the law; and
- When required by law.

When Will MHRA Use or Disclose Your PHI Without Your Authorization? MHRA may use or disclose your PHI in the following situations without your express authorization:

- For Service Delivery. We may use your PHI to provide you with services. We may disclose your PHI to other staff members involved in providing services to you. For example, a staff member providing family counseling services to you may need to know if you are receiving other services in order to make the counseling more effective. In addition, different departments of MHRA also may share your PHI in order to coordinate different things you need such as prescriptions, assessments and other services. We may also provide your PHI to a health care provider who is treating you based on a referral from MHRA or otherwise.
- For Payment. We may use or disclose your PHI to enable proper billing and payment for your care. For example, we may inform an insurance company of the type of treatment you received.

- For MHRA's Own Business Operations. We may use and disclose your PHI for our business operations. For example: we may use your PHI to review the quality of care you receive.
- To Business Associates. Some services in our organization are provided through contracts with other parties. If we share your PHI with these parties, they are known as "Business Associates," and we are required to include in our contracts that Business Associates will protect any PHI we share with them, or that they create on our behalf, in the same way we are committed to protecting it. For example, we may share your PHI with service consultants, psychiatrists, and an accrediting body, among others.
- To Individuals Involved With Your Care or Payment for Your Care. MHRA may disclose your PHI to adult members of your family or other persons you might identify as being involved with your care or payment for your care if: (i) you authorize MHRA to do so, (ii) MHRA informs you that they intend to share your PHI with these individuals and you do not object, or (iii) MHRA infers from the circumstances, based upon its professional judgment, that you do not object. Whenever possible, however, MHRA will seek to obtain either your written authorization or written objection to these disclosures, but in certain situations may rely on your oral agreement or disagreement to disclosures to family members.
- To Personal Representatives. We may disclose your PHI to someone who is your personal representative. Before we give that person access to your PHI or allow that person to take any action on your behalf, we will require him/her to give proof that he/she may act on your behalf; for example, a court order or Power of Attorney granting that person such power. Generally, the parent of a minor child will be the child's personal representative. " In some cases, however, state law allows minors to obtain treatment (*e.g.* sometimes for pregnancy or substance abuse) without parental consent, and in those cases MHRA may not disclose certain information to the parents. We may also deny a personal representative access to PHI to protect people, including minors, who may be subject to abuse or neglect.
- For Treatment Alternatives or Health-Related Benefits and Services. We may contact you to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.
- For Public Health Purposes. We may: (i) report specific disease or birth/death information to a public health authority authorized to collect that information; (ii) report reactions to medication or problems with medical products to the Food and Drug Administration to help ensure the quality, safety, or effectiveness of those medications or medical products; or (iii) if authorized by law, disclose PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading a disease or medical condition.
- To Report Violence and Abuse. We may report information about victims of abuse, neglect or domestic violence to the proper authorities.

- For Health Oversight Activities. We may disclose PHI for civil, administrative or criminal investigations, oversight inspections, licensure or disciplinary actions (*e.g.*, to investigate complaints against medical providers), and other activities for the oversight of the health care system or to monitor government benefit programs.
- For Lawsuits and Disputes. We may disclose PHI in response to an order of a court or administrative agency, but only to the extent expressly authorized in the order. We may also disclose PHI in response to a subpoena, a lawsuit discovery request, or other lawful process, but only if MHRA has received adequate assurances that the information to be disclosed will be protected.
- For Law Enforcement. We may disclose PHI to law enforcement officials for law enforcement purposes and to correctional institutions regarding inmates.
- To Coroners, Funeral Directors and Medical Examiners. We may disclose PHI to a coroner or medical examiner, for example, to identify a person or determine the cause of death. We may also release PHI to a funeral director that needs it to perform his or her duties.
- For Organ Donations. We may disclose PHI to organ procurement organizations to facilitate organ, eye or tissue donations.
- For Limited Data Sets. We may disclose PHI for use in a limited data set for purposes of research, public health or health care operations, but only if a data use agreement has been signed.
- To Avert Serious Threats to Health or Safety. We may disclose PHI to avert a serious threat to your health or safety or that of members of the public.
- For Special Governmental Functions. We may disclose PHI to authorized federal officials in certain circumstances. For example, disclosure may be made for national security purposes or for members of the armed forces if required by military command authorities.
- For Research. We may disclose PHI for research studies, subject to special procedures intended to protect the privacy of your PHI.
- For Emergencies and Disaster Relief. We may disclose PHI to organizations engaged in emergency and disaster relief efforts.
- For Marketing and Fundraising. We do not disclose PHI for marketing or fundraising purposes. We do not sell PHI.

## Written Authorization

In all other situations we will not use or disclose your PHI without your written authorization. Your written authorization is required for most uses or disclosures of psychotherapy notes, for MHRA to disclose your PHI for remuneration, or to use or disclose your PHI for marketing purposes. The authorization must meet the requirements of the Privacy Rules. If you give us written authorization, you may cancel your authorization, except for uses or disclosures that have been made already, based on your authorization. You may not, however, cancel your authorization if it was obtained as a condition for obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the insurance policy.

## Your Privacy Rights

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to MHRA.

- Your Right to Inspect and Copy. In most cases you have the right to look at or get paper or electronic copies of your records, except for: (i) psychotherapy notes (as defined in the Privacy Rules); or (ii) information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding. You may, under some circumstances, request a review of that denial. MHRA may charge you a reasonable fee for copying the information you request and any mailing costs.
- Your Right to an Accounting of Disclosures. At your request, we must provide you with a list of the disclosures of your PHI made within the six-year period just before the date of your request, except disclosures made:
  - For purposes of treatment, payment or health care operations.
  - Directly to you or close family members involved your care.
  - For purposes of national security.
  - Incidental to otherwise permitted or required disclosures.
  - As part of a limited data set.
  - To correctional institutions or law enforcement officials.
  - With your express authorization.
  - Before April 14, 2004.

You may request an accounting, which must be provided at no charge, within a single 12-month period. If you request more than one accounting within the same 12-month period, we may charge you a reasonable fee.

- Your Right to Request Restrictions on Our Use or Disclosure of Your PHI. You have the right to ask for limits on how your PHI is used or disclosed. We are not required to agree to such requests; provided, however, that we must agree to your request for a restriction or disclosure to a health plan if the disclosure is for payment or health care operations and

pertains only to a health care item or service which has already been paid for. A restriction cannot prevent uses or disclosures that are required by the Secretary of DHHS to determine or investigate MHR's compliance with the Privacy Rules, or that are otherwise required by law.

- Your Right to Request Confidential Communications. You have the right to ask that we share information with you in a certain way or in a certain place. For example: you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request.
- Your Right to Amend. You may request that MHRA change your PHI that is kept in its records, but we do not have to agree to your request. We may deny your request if the information: (i) was not created by MHRA; (ii) is not part of our records; (iii) would not be information to which you would have a right of access; or (iv) is deemed by MHRA to be complete and accurate as it then exists.
- Your Right to Receive Notice of a Breach. If for any reason your unencrypted PHI is improperly disclosed, you have a right to receive notice of that breach, unless it is determined, based on an adequate risk assessment, that the probability that the PHI has been compromised is low. The notice will include (i) a brief description of the event, (ii) a description of the types of unsecured PHI involved, (iii) a brief description of the steps taken by MHRA to mitigate the consequences of the breach, (iv) mitigation steps that you might take, and (v) contact information.

### **Changes to this Notice**

We reserve the right to revise this notice. A revised notice will be effective for information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published on our website. Go to [www.klshrink.com](http://www.klshrink.com) website. If the changes are material, a new notice will be given to you before it takes effect.

### **How to Use Your Rights Under This Notice**

If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

- Complaints to the Federal Government. If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

Department of Health and Human Services  
200 Independence Avenue, S. W.  
Washington, D.C. 20201  
Phone: 866-627-7748  
TY: 886-788-4989  
E-mail: [ocrprivacy@hhs.gov](mailto:ocrprivacy@hhs.gov)

You will not be penalized for filing a complaint with the federal government.

- Complaints and Communications to Us. If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to:

Mental Health Resource Associates, P.C.  
31275 Northwestern Hwy  
Suite #120  
Farmington Hills, MI 48334  
Phone: 248-932-7799  
E-mail :mhra@aol.com

You will not be penalized for filing a complaint.

### **Copies of this Notice**

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically; you are still entitled to a paper copy of this notice. Please call or write to us to request a copy. This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).

#### **For Further Information.**

**If you want further details of our privacy policies and procedures, contact Mental Health Resource Associates, P.C. at: 248-932-7799.**

**Mental Health Resource Associates, P.C**  
**NOTICE AND ACKNOWLEDGEMENT OF**  
**PRIVACY PRACTICES**

I acknowledge that I have received the Notice of Privacy Practices.

Client/Personal Representative Signature

Date

If Personal Representative signs the form, describe relationship to client: \_\_\_\_\_

Client's Name (please print): \_\_\_\_\_

**\*If acknowledgement on this form is not obtained, it is necessary to complete the documentation of Good Faith Efforts form.**