

**PRIVACY POLICY
NOTICE OF PRIVACY PRACTICES**

This notice describes how clinical information about clients may be used and disclosed, and how to get access to this information.

We are committed to maintaining the privacy of client health information. We are required by law (HIPAA) to give clients this notice, and to abide by its terms. We may change this notice, and make the revised or changed notice effective for medical information we already have about clients, as well as any information we receive in the future. We have posted this summary of the current notice in our offices (where applicable) with its effective date in the top right hand corner. Clients are entitled to a copy of the notice currently in effect.

HIPAA

In 1996 Congress passed the Health Insurance Portability and Accountability Act (HIPAA), which was intended to:

1. Improve communication of health information between providers and health plans;
2. Reduce overhead and administrative expenses;
3. Mandate the use of industry-wide standard codes for financial transactions; and
4. Provide a uniform set of federal rules for protecting clients health information.

HIPAA requires that all health care providers post and make available a Notice of Privacy Practices, that is in compliance with HIPAA, which we have done below. These are minimal standards of privacy that apply to all health care providers. **MUCH STRICTER PRIVACY RULES APPLY TO MENTAL HEALTH AND ALCOHOL AND DRUG TREATMENT.** These rules have not changed and we continue to follow them. (Where applicable) For more information about the limits of confidentiality, please refer to the *Permission To Treat Form* that all new clients sign and our *Guide to Services* that all new clients receive. Please address your questions to your therapist.

YOUR HEALTH INFORMATION

We may use and disclose health information about clients, only *with* signed written authorization, except in those situations listed below. We must obtain written authorization to use and disclose mental health, HIV, alcohol and other drug treatment records, and genetic testing information. The authorization includes who is to receive the information, limitations on the information released, and the time period covered by the authorization. If we are given authorization to use or disclose health information about clients, they may cancel this authorization in writing at any time. However, we cannot take back any use or disclosure already made with their permission.

How we may use and disclose health information about clients, *without* their written authorization:

- X for **treatment.** We may share information about clients with other Looking Glass staff to better provide them with coordinated clinical treatment. For example, information may be shared with our clinical supervisors or other treatment staff to review treatment plans

- or treatment progress. Sharing of information about clients outside of Looking Glass will only be done with written authorization.
- X for **payment**. For example, we may provide an insurance company or health plan with information about a service clients receive so the service can be authorized or so the health plan will reimburse us for the service.
 - X for **health care operations** to run our business office. For example, we may use health information to evaluate the effectiveness of the services we provide.
 - X for **appointment reminders**. For example, a phone call the day before an appointment.
 - X for a **serious threat** to the health and safety of yourself or others. For example, a suicide threat or threat to hurt others.
 - X to **family members** who are involved in a child's treatment. For example, a parent or spouse, unless directed otherwise.
 - X to **law enforcement** only as required by federal, state, or local law. For example, in response to a court order.
 - X to **report suspected child or elder abuse** as required by law. For example, physical or sexual abuse of a child.
 - X for **health oversight activities**. For example, audits, investigations, inspections or licensing.
 - X for **public health** reasons. For example, collecting vital statistics.

Clients have the following rights regarding health information:

- X to **inspect and copy** their health information such as clinical and billing records, in most cases. The request must be made in writing, and they may be charged a fee for copying costs. We may deny the request, and the client may appeal such denial.
- X to **amend health information** that they believe is incomplete or incorrect. Clients must make the request in writing, and provide reason for the request. We may deny this request for specific reasons.
- X to get a **list of disclosures** made after April 14, 2003. Clients must make the request in writing. The list will exclude disclosures for treatment, payment, health care operations, information provided to the client, and information disclosed with authorization. We may charge a fee to cover costs.
- X to **request restrictions** or limitations on the health information we use or disclose. Clients must make the request in writing. We are not required to agree to the requested restrictions.
- X to **choose how we communicate** with clients, including requesting confidential communications. They must make the request in writing, and do not need to specify a reason. We will attempt to accommodate all reasonable requests.
- X to **receive a paper copy** of this notice, at any time.
- X to **file a complaint** if they believe their privacy rights have been violated. They will not be penalized for filing a complaint. Clients may contact the Secretary of the Department of Health and Human Services, Office for Civil Rights. They may also contact by phone or in writing:

Lisa Atkin
Looking Glass Administrative Office
72-B Centennial Loop
Eugene, OR 975401
(541) 686-2688.

