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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED.
IT ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THE MEDICAL INFORMATION.

PLEASE READ IT CAREFULLY.

I am required by law to provide you with this notice that explains our privacy practices in regard to your medical information and how I may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and I also describe those rights in this notice.

I understand that medical information about you and your health is personal. I am committed to protecting medical information about you. I create a record of the care and services you receive. I need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to all of the records of your care generated and/or maintained by me, including the following people and organizations:

- Any health care professional who is authorized to enter information in your medical record;
- Any member of a volunteer group that I allow to help you while you are receiving services;
- All providers that I contract with to provide services to my clients.

This Notice will tell you about the ways in which way I use and disclose medical information about you. I also describe your rights and certain obligations I have regarding the use and disclosure of medical information.

I am required by law to:

- Make sure that medical information that identified you is kept private;
- Make sure that you are given notice of my legal duties and privacy practices with respect to medical information about you;
- Make certain that I and my provider network follow the terms of the notice that is currently in effect.

NOTE: In reading this Notice, “you” also refers to “your medical care decision maker.”

HOW I MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following information describes different ways I use and disclose medical information. If you are receiving services for the evaluation or treatment of substance abuse or communicable diseases including Human Immunodeficiency Virus (HIV) conditions, specific rules apply to the use and disclosure of information related to those services. Please refer to the section entitled Substance Abuse Health Information and Communicable Disease Related Information for those rules.

For Treatment. I may use medical information about you to provide you with behavioral health treatment or services. I may disclose medical information about you to psychiatrists, your primary care physician, nurses, therapists, case managers, and other behavioral health professionals who are involved in your care. For example, I may need to disclose your health information to a specialist to whom I have referred you for a diagnosis to help in your treatment. If you are receiving psychotropic medications from a doctor, I may need to contact your doctor to obtain relevant information related to the medications. I may request your signed authorization for some treatment disclosures as a way to inform and involve you with the course of your treatment, although it is not required in all cases.

For Payment. I may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from appropriate payers such as an insurance company or a third party. For example I may need to give medical information about treatment you received so that an insurance company or third party can make payment. I may need to tell your insurance company about any services you are going to receive to obtain prior approval or to determine whether your insurance will cover the service.

For Health Care Operations. I may use and disclose medical information about you for the business activities of my practice. These uses and disclosures are necessary for administrative functioning and to ensure my clients receive quality care. For example, I may use and disclose medical information about you to assess my compliance with Arizona Department of Health Services. This disclosure may be required to evaluate the quality of services I provide or to resolve specific treatment issues you have raised.

For Individuals Involved in Your Care. I may release limited information about you to a person including a family member actively involved in you care and treatment or supervision as allowed under Arizona State Law and in accordance with my policies and procedures. For example, I may release appointment information to your spouse if that spouse is actively involved in your care and treatment.

For Research. Under certain circumstances, I may use and disclose medical information about you for research purposes. For example, a research project may involve the care and recovery of all clients who receive the same treatment for the same condition. All research projects are subject to a special approval process. I will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are.

Information Regarding Deceased Individuals. Your death may increase the accessibility to your records. Besides your health care decision maker, your records may be disclosed to your personal representative or administrator of your estate, if there is not one then your spouse (unless you were legally separated), then the trustee of a trust created by you where you were the trust beneficiary, then an adult child, then an adult sibling, then a guardian at the time of death. See ARS § 12-2294(D).

Substance Abuse Health Information. The confidentiality/privacy of alcohol and drug abuse client records related to the diagnosis, treatment, referral for treatment or prevention, is protected by federal law and regulations (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3) and regulation (42 CFR Part 2). Generally, a substance abuse program may not disclose to anyone outside the program that a client attends the program or disclose any information identifying a client as an alcohol or drug abuser, unless:

- The client authorizes in writing. A general authorization for the release of medical or other information is not sufficient for this purpose.
- The disclosure is allowed by a court order.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is made to qualified personnel for research or to oversight agencies, funders and other authorized auditors for audit or program evaluation.
- The client commits or threatens to commit a crime either at the program or against any person who works for the program.
- The disclosure is made to report suspended child abuse or neglect.

Communicable Disease Related Information. Communicable disease related information, including HIV-related information, is kept strictly confidential and released only in conformance with the requirements of state law (ARS §§ 36-664 and 36-665). A general authorization for the release of medical or other communicable disease related information is not sufficient to release HIV-related information. A written authorization must specifically indicate that it is for the release of confidential HIV-related information.

SPECIAL CIRCUMSTANCES

For medical information, other than substance abuse health information and communicable disease related information, which are discussed above, the following special circumstances apply. Federal and state laws allow or require that I disclose medical information other than substance abuse, communicable disease, or HIV information about you without your written authorization in certain special situations, if they occur.

Public Health Risks (Health and Safety for You and/or Others). I may disclose medical information about you for public health activities, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- To prevent or control disease, injury, or disability.

- To report births or deaths.
- To report child abuse or neglect.
- To report reactions to medications.
- To notify people of recalls of medications they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting a disease or condition.
- To avert a serious threat to the health or safety of a person or the public.
- To notify the appropriate government authority if I believe a client has been the victim of abuse, neglect, or domestic violence. I will make this disclosure when required by law.

Health Oversight Activities. I may disclose medical information about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, accreditation, and licensure. These activities are necessary for the government or other agencies to monitor the behavioral health care system, government programs, and compliance with civil rights laws.

Workers Compensation. I may disclose medical information about you for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

Lawsuits and Disputes. If you are involved in a lawsuit or legal action, I may disclose medical information about you in response to a court or administrative tribunal order, in accordance with Arizona law.

Law Enforcement. I may release medical information about you if asked to do so by a law enforcement official:

- In response to a court order, warrant, summons, or similar lawful process in accordance with Arizona law, and my policies and procedures.
- About crimes committed on the premises of the agencies covered by this Notice.
- About crimes committed against staff of the agencies covered by this Notice.
- To avert a serious threat to the health or safety of a person or the public (Duty to Warn).

Inmates. I may disclose medical information about you to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary to provide you with health care, to protect the health and safety of others, or for the safety and security of the correctional institution.

Coroners, Medical Examiners, and Funeral Directors. I may release information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. I may also release medical information about clients to funeral directors as necessary to carry out their duties.

As Required by Law. I will disclose medical information about you when required to do so by federal, state, or local law, and/or as required for national security or protective services.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Right to Access. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes progress notes, evaluations/assessments, treatment plans, and billing information but is not limited to only that information. To inspect and obtain a copy of your medical information, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, you may be charged a fee for the costs of copying, mailing, or other supplies associated with your request. I will have 30 days to respond to your request for information that I maintain at my practice site. If the information is stored off-site, I am allowed up to 60 days to respond but must inform you of this delay. Your request to inspect and copy your information may be denied in certain very limited circumstances. If you are denied access to any part of your medical information, you may request that the denial be reviewed. Information regarding how to initiate that review process will be provided in writing at the time of any denial of your access to the information.

Right to Amend. If you feel that the medical information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as your medical information is kept by me. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide a reason that supports your request. I may deny your request if you ask me to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you would be permitted to inspect or copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have you have the right to request an accounting of disclosures. This is a list of the disclosures I made of medical information about you to others. The accounting does not include information disclosed based on your written permission or as part of treatment, payment, or health care operations. To request this accounting, you must submit your request in writing to our Privacy Officer. Your request must state a period of time for the accounting that may not be longer than six years. If you request an additional list within 12 months of the first request, I may charge you a fee for the costs of providing the subsequent list. I will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information I use or disclose about you. I am not required to agree to your request, particularly if it is not in accordance with Arizona or Federal law. If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us what information you want to restrict and to whom you want the restriction to apply.

Right to Request Confidential Communications. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location if you believe that you will be otherwise endangered. For example, you can ask that I only contact you at a certain telephone number or address. To request confidential communications, you must make your request in writing to our Privacy Officer. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Paper Copy of this Notice. You have the right to a paper copy of this Privacy Notice. You may ask us to give you a copy of this Privacy Notice at any time by requesting a copy from our Privacy Officer.

CHANGES TO THIS NOTICE

I reserve the right to change this notice. I reserve the right to make the revised notice effective for medical information that I and our provider network already have about you as well as any information I will receive in the future. I will post a copy of the current notice on our website. I will distribute copies to all clients requesting a copy. The notice will contain the effective date at the top or bottom of each page.

COMPLAINTS

If you believe your privacy rights have been violated, you may contact or file a complaint with our Privacy Officer. If I cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services.

OTHER USES

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, I will no longer use or disclose medical information about you for the reasons covered in your written authorization. I and our provider network are unable to take back any disclosures already made with your authorization and are required to retain our records of the care and services I provided to you.

FOR MORE INFORMATION

To contact the Privacy Officer, please send your written request to: Privacy Officer, Attention: Susan Strong, PO Box 26033, Prescott Valley AZ 86312