**F r e m o n t C o u n s e l i n g S e r v i c e**

Providing Mental Health and Substance Abuse Services to Fremont County

An Equal Opportunity Provider

748 Main St., Lander, WY 82520 ~ (307) 332-2231, Fax (307) 332-9338

1110 Major Ave., Riverton, WY 82501 ~ (307) 856-6587, Fax (307) 856-2668

TTY Hearing Impaired - 1-800-877-9975

## NOTICE OF PRIVACY PRACTICES

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

Privacy regulations in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require Fremont Counseling Service (FCS) to share this information with you. Federal and state laws related to health care and privacy are long and complicated. The information provided herein has been shortened and simplified. If you have any questions or want to know more information about this Notice, please ask.

### Your Medical Information

Understanding what is in your clinical record and how your clinical information is used will allow you to make better decisions about your health.

Each time you visit FCS, information is collected about you and your mental and physical health. It may be information about your past, present, or future health or medical conditions, the treatment and services received at FCS or by other providers, or about payment for health care.

The information we collect from you is called **Protected Health Information (PHI)**. This information is kept in your clinical record.

**The PHI in your clinical record will likely include:**

a) your history (as a child, in school, at work, personal, and marital),

b) reasons for coming to treatment (problems, complaints, symptoms, needs, and goals),

c) your diagnosis,

d) treatment plan,

e) progress notes detailing each session or meeting,

f) records from other providers who treat or have treated you,

g) evaluations from other providers,

h) psychological test scores and reports,

I) information about medication you have taken or are taking,

j) legal history and obligations, and

k) billing and insurance information.

**The information gathered and filed in your clinical record is used for many reasons including, but not limited to:**

a) to plan your care and treatment,

b) to decide how well treatment works for you,

c) to coordinate services with other professionals who are treating you, and

d) to show you received services for which you are another payment source were billed.

Although your health record is the physical property of FCS, you have the right to the information in the record. **You may inspect, read, or review it. You may even request a copy of it, but you may be charged copying and mailing fees.** In some unusual situations you may not be able to see the entire clinical record. If you find anything in your records that you think is incorrect or **if something important is missing you can ask us to correct or add to your record**. In rare situations, FCS does not have to agree to correct or add to the record. Your clinician can explain more about this if you have questions.

**Privacy and the Laws**

HIPAA law requires us to keep your PHI private and to give you notice of FCS legal duties and privacy practices called the **Notice of Privacy Practices (NPP)**. FCS staff will obey the rules of this notice as long as it is in effect. If the notice changes, it will apply to all PHI kept at FCS. The Notice of Privacy Practices and any future changes will be posted in each office where everyone can see them. You or anyone else can request a copy of the NPP at any time.

**How Your PHI can be Used and Shared**

HIPAA law refers to “**use**” of your information when any FCS staff reads it. The information is considered “**disclosed**” if the information is shared with or sent to others not employed by FCS. Except in special circumstances, when we use your PHI at FCS or disclose it to others, **only the minimum necessary information is used**. You have the right to know about your PHI, how it is used, and you have a say in how it is disclosed.

**FCS uses and discloses your PHI for several reasons.** The law allows FCS to use or disclose some information without your consent or authorization. For most disclosures FCS will first obtain written Release Authorization(s) signed by you.

**Use and Disclosure of PHI with your Consent**

After reading this Notice you will be asked to sign a consent form that allows FCS to share your PHI. In almost all cases FCS intends to use your information here or share it with others to provide treatment to you, arrange for payment of services provided by FCS, or some other business functions called health care **operations**. **The consent form allows FCS to release PHI for treatment, payment, and operations.**

**Treatment, Payment, and Health Care Operations**

It is necessary to collect information about you and your condition to provide care to you. By signing the consent form you agree to let FCS collect the information, use it, and when necessary share it to provide proper care for you. **If you do not agree with the consent to treat and do not sign it, we cannot treat you.**

FCS staff collect information about you and it may all be kept in your clinical record. These are some examples of how FCS uses and discloses your PHI. Information is collected to **provide treatment or other services**, such as individual therapy, group therapy, case management, or job coaching. FCS may **share or disclose** your PHI to those who provide treatment to you, **within the agency**. Referrals for **treatment outside the agency will require a written authorization signed by you**. In the future if you receive treatment from another professional **outside the agency**, your PHI will only be released with authorization signed by you.

To collect **payment** for services, FCS **staff gathers information about you to bill you, your insurance company, or other payees**. Your insurance company may be contacted by FCS to determine what services are covered by your policy. FCS staff may have to tell them about your diagnosis, treatment received, and outcome expectations. FCS will need to tell them about times you met with your clinician or other staff, your progress, and other related information.

FCS may use or disclose your PHI to **evaluate and improve health care operations**. For example, your information may be used to evaluate the impact of a particular group therapy or adjust the schedule of an intensive treatment program. FCS staff may also be required to provide some information to governmental health agencies for research and tracking purposes. If so, **your name and other identifying characteristics are removed first**.

**Other Uses in Healthcare**

Your **PHI may be used to improve the quality of services** provided to you by FCS. Your information may be used to remind you of appointments, notify you of cancellations, or rescheduled appointments. It may also be used to notify you of, or refer you to, other services that may be of interest to you. It may be used to research treatment options for you. **If you prefer a specific method to contact you, just tell your clinician or the clerical staff**. We will, to the best of our ability, accommodate your needs and wants.

There are some services FCS hires out to contract agencies, such as psychiatric services and computer technicians. These contractors are called **Business Associates**. These **business associates will have access to at least some of your PHI** to perform their duties. They have **agreed to protect your information and privacy as it relates to their service** as FCS.

**Authorization**

**If FCS staff want to use your PHI for any reason other than treatment, payment, and health care operations as described above, a signed Authorization (Release/Request) is required**. Your clinician or other service provider will ask you to complete and sign an authorization and will explain its use.

**Authorizations may be revoked at any time, in writing.** After receiving the written request to revoke an authorization, no further information will be released. However, some information may have been released while the authorization was still in effect. We cannot take back any information that was released before the authorization was revoked.

**Use and Disclosure of PHI NOT requiring Authorization**

**Federal and state laws allow or require FCS to use or disclose some PHI without Authorization**. Information is used or disclosed when there is suspected neglect and/or abuse that involves children, the elderly, disabled, and/or incompetent persons; in medical emergencies; or in cases of life-threatening harm to self or others. FCS may release information to law enforcement officials to investigate a crime, if required to do so by law. FCS may disclose PHI of military personnel and veterans to government benefit programs related to eligibility and enrollment and to Worker’s Compensation.

**Uses and Disclosures to which you may Object**

FCS can share some information about you and your family members. FCS **will only share information with those involved in your care and anyone else you choose** such as a close friend or clergy. FCS will ask you about who you want us to tell what information. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If there is an emergency, we can share information if we believe it is what you would have wanted and if we believe it will help you if we do share it. If we do share information in an emergency, we will tell you as soon as possible. If you do not wish to have the information shared, we will stop, as long as it is not against the law.

**Disclosure Account**

When FCS discloses your PHI a **record of whom we sent it to, when it was sent, and what was sent is kept** in your clinical record. **You can request a list of the disclosures from FCS staff**.

**Questions or Problems**

If you need more information of have questions about the FCS privacy practices described please ask to speak with any member of FCS staff.

If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, please contact the Executive Director.

**You have the right to file a complaint with FCS and the Secretary of the U.S. Department of Health and Human Services**. The U.S. Department of Health and Human Services may be contacted at:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Director

Office for Civil Rights

 U.S. Department of Health and Human Services

 200 Independence Ave., S.W.

 Room 509F, HHH Building

 Washington, D.C., 20201

Regional VIII Manager (CO, MT, ND, SD, WY)
Office for Civil Rights
U.S. Department of Health and Human Services
1961 Stout Street -- Room 1426 FOB
Denver, CO 80294-3538
Voice Phone (303) 844-2024
FAX (303) 844-2025
TDD (303) 844-3439

**Your care will not be limited in any way and no actions will be taken against you for any complaints you may file.**

If you have any questions regarding this notice or FCS health information privacy policies please contact the Executive Director:

 Executive Director

Fremont Counseling Service

 748 Main St.

Lander, WY 82520

 (307) 332-2231 ext. 113

**The complete Fremont Counseling Service Notice of Privacy Practices is available upon request and on the FCS website:** [**www.fremontcounseling.com/about**](http://www.fremontcounseling.com/about)

This notice is effective April 14, 2003.

Reviewed: March 23, 2004. Revised: February 15, 2005, September 2010, September 2013.