

Michigan Privacy Notice Form

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

I. Uses and Disclosures for Treatment and Health Care operations

We may use or disclose your protected health information (PHI), for treatment, payment and health care operations purposes with your consent. To help you clarify these terms, here are some of the definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care option”- Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another mental health professional. Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your healthcare to determine eligibility or coverage. Health Care operations are activities that relate to the performance and operation of our practice. Examples of healthcare operations include case management and care coordination.
- “Use” applies only to activities within our office, such as utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our office, such as releasing information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain authorization from you before releasing your psychotherapy Notes. “Psychotherapy Notes” are notes I have made about our conversation during a private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke authorization to the extent that we have relied on that authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, and other law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse- If we have reasonable cause to suspect child abuse or neglect, we must report this suspicion to the appropriate authorities as required by law.
- Adult and Domestic Abuse- If we have reasonable cause to suspect you have been criminally abused, we must report this suspicion to the appropriate authorities as required by law.
- Health Oversight Activities- If we receive a subpoena or other lawful request from the Department of Health, Michigan Board of Social Workers, or other health care agency, we must disclose the relevant PHI pursuant to that subpoena or lawful request.
- Judicial and Administrative Proceedings- If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety- If you communicate to us a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, we must disclose relevant PHI and take the reasonable steps required by law to prevent the threatened harm from occurring. If we believe that there is an imminent risk that you will inflict serious physical harm on yourself, we may disclose information in order to protect you.
- Worker’s Compensation- We are authorized to disclose the relevant PHI to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault.

IV. Patient’s rights and Therapists Duties

Patient’s Rights:

- Right to Request Restrictions- You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

- Right to receive Confidential Communication by Alternative Means and at Alternative Location- You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (ex: protecting privacy by sending bills to an alternate address).
- Right to Inspect and Copy- You have the right to inspect and/or obtain a copy of your PHI in our records, as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, at our discretion.
- Right to Amend- You have the right to request an amendment of PHI for as long the PHI is maintained in the record. On your request, we will discuss with you the details of the amendment process.
- Right to an Accounting- You have the right to receive an accounting of disclosures of PHI.
- Right to a Paper Copy- You have the right to obtain a copy of the Notice Form.

Therapist Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of changes, however, we are required to abide by terms currently in effect.
- If we revise the policies and procedures, we will provide a written amendment or an amended copy of the Notice Form either in person or by mail.

V. Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision that was made about access to your records, you may discuss this issue with the Owner, Susan Williams, LMSW. You may also send a written complaint to the secretary of the U.S. Department of Health and Human Services.

VI. Effective Date

This notice will go into effect on February 11, 2011.