

# The Inner You, LLC

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## **NOTICE OF CLIENT'S RIGHTS AND PRIVACY PRACTICES**

**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.**

### **RIGHTS OF THE CLIENT**

The Inner You does not unlawfully discriminate on the basis of race, color, religion, gender, national origin, age, veteran status, disability, marital status or sexual orientation in any of its services. Each client shall be treated with dignity and respect and all shall have access to fair treatment regardless of race, religion, sex, ethnicity, age, handicap or sexual preference.

In addition, each client shall have the following rights:

- ◆ The right to participate in the development of a treatment plan.
- ◆ The client's right to privacy and confidentiality shall extend to all records pertaining to the client's treatment, including the source of payment, except otherwise provided by law.
- ◆ The right to be informed of the therapists' responsibility to report physical, psychological, sexual abuse and/or neglect of a minor child to the appropriate child protection agency.
- ◆ The right to be informed of the nature of care, procedures, and treatment that he/she (or his/her child) will receive, as well as the nature of proposed discharge.
- ◆ The right to be informed of the rules and regulations of the facility that apply to the client's conduct.
- ◆ The right to be aware of the information written in the client's record.
- ◆ I understand that the state and local laws require that my therapist report all cases of abuse or neglect to minors or vulnerable adults.
- ◆ I understand that the state and local laws require that my therapist report all cases in which there exists a danger to self or minors
- ◆ I understand that there may be circumstances in which the law requires my therapist to disclose confidential information.
- ◆ I understand that my therapist may disclose any and all records pertaining to my treatment to the organization that has authorized and is providing payment for, my if such disclosure is necessary for claims processing, case management, coordination of treatment, quality assurance or utilization review purposes.
- ◆ I understand that I can revoke my consent at any time except to the extent that treatment has already been rendered or that action has taken in reliance on this consent.

### **Client Responsibilities**

- ◆ Clients are responsible for calling to cancel and/or reschedule appointments within office requirements
- ◆ Clients are responsible for notifying therapist of any changes in address, phone number or insurance changes.
- ◆ Clients are responsible for any outstanding balances not covered by insurance.
- ◆ Clients will be asked to leave property:
  - If physically/verbally aggressive or threatening
  - If under the influence of drugs/alcohol (other than prescribed by a physician)

A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. We know that this notice is long. The HIPAA Privacy Rule requires us to address many specific things in this notice.

## **OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU**

In this notice, we describe the ways that we may use and disclose health information about our clients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a client or may be used to identify a client. This information is called "Protected Health Information" or "PHI." This notice describes your rights as our client and our obligations regarding the use and disclosure of PHI. We are required by law to:

- ◆ Maintain the privacy of PHI about you.
- ◆ Give you this Notice of our legal duties and privacy practices with respect to PHI.
- ◆ Comply with the terms of our Notice of Privacy Practices that is currently in effect.

**We are required to abide by the terms of this notice, which we may change from time to time. Any new notice will be effective for all PHI that we maintain at that time. If and when this notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised notice upon your request made to your clinician.**

## **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

For uses and disclosures relating to treatment, payment, or health care operations, we do not need an authorization to use and disclose your medical information:

**Treatment:** We may use and disclose PHI about you to provide you with service/treatment or coordinate/manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, a clinician treating you for a mental health condition may need to know about health conditions that may be affected by certain mental health medications. In addition, we may use and disclose PHI about you when referring you to another clinician or agency so that the clinician/agency has the information necessary to treat you.

**Payment:** We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that clinician, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

**Health Care Operations:** We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in health care operations such as:

- ◆ Reviewing and improving the quality, efficiency and cost of treatment that we provide to our clients. For example, we may use PHI about you to develop ways to assist our clinicians and staff in deciding how we can improve the treatment we provide to others.
- ◆ Reviewing and evaluating the skills, qualifications, and performance of clinicians taking care of you and our other clients.
- ◆ Providing training programs for students, trainees, clinicians, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.
- ◆ Cooperating with various people who review our activities. For example, PHI may be seen by clinicians reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- ◆ Assisting us in making plans for our practice's future operations.
- ◆ Resolving complaints within our practice.
- ◆ Reviewing our activities and using or disclosing PHI if we sell our practice to someone else or combine with another practice.
- ◆ We may call you by name in the waiting room when your clinician is ready to see you.

- ◆ In addition, unless you object, we may use your health information to send you appointment reminders or information about treatment alternatives that may be of interest to you. For example, we may look at your records to determine the date and time of your next appointment with us, and then send you a reminder to help you remember the appointment. Or we may look at your information and decide that another treatment may interest you.

### **OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION**

**Required By Law:** We may use and disclose PHI as required by federal, state, or local law. Any disclosure complies with the law and is limited to the requirements of the law.

**Public Health Activities:** We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- ◆ To prevent or control disease, injury, or disability;
- ◆ To report disease, injury, birth, or death;
- ◆ To report child abuse or neglect;
- ◆ To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
- ◆ To locate and notify persons of recalls of products they may be using;
- ◆ To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- ◆ To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

**Abuse, Neglect, or Domestic Violence:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities conducted by health oversight agencies.

**Lawsuits and Other Legal Proceedings:** We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal processes.

**Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials. These law enforcement purposes include:

- ◆ Limited requests for identification and location purposes.
- ◆ Legal processes required by law.
- ◆ Suspicion that death has occurred as a result of criminal conduct. In the event that a crime occurs on the premises of the practice.
- ◆ Pertaining to victims of a crime.
- ◆ In response to a medical emergency not occurring at the office, where it is likely that a crime has occurred.

**Coroners and Medical Examiners:** We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death.

**Research:** We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who can help prevent the threat.

**Specialized Government Functions:** Under certain circumstances we may disclose PHI:

- ◆ For certain military and veteran activities, including determination of eligibility for veterans' benefits and where deemed necessary by military command authorities.
- ◆ For national security and intelligence activities.
- ◆ To help provide protective services for the president and others.
- ◆ For the health or safety of inmates and others at correctional institutions.

**Disclosures required by HIPAA Privacy Rule:** We are required to disclose PHI to the Secretary of the United States

Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you.

**Workers' Compensation:** We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness. Other uses and disclosures of your medical information not covered by this notice (such as for marketing purposes) or the laws that apply to us will be made only with your written authorization. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

**Decedents** – In case of patient death, we may make relevant disclosures to the deceased's family and friends under essentially the same circumstances such disclosures were permitted when the patient was alive; that is, when these individuals were involved in providing care or payment for care unless the decedent had expressed a contrary preference.

**Childhood Immunizations**– We may disclose immunizations to schools required to obtain proof of immunization prior to admitting the student so long as the physicians have and document the patient or patient's legal representative's "informal agreement" to the disclosure

### **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION**

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

### **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

Under federal law, you have the following rights regarding PHI about you:

**Right to Request Restrictions:** You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. We will consider your request but are not legally required to agree to it. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Office Manager. In your request, please include (1) the information that you want to restrict (2) how you want to restrict the information and (3) to whom you want those restrictions to apply. You also have the right to request that any services performed that were paid for in full by you and not billed to your insurance company not be disclosed- this request must be made in writing. For example, for services you request no insurance claim be filed and for which you pay privately, you have the right to restrict disclosures for these services for which you paid out of pocket.

**Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI or service/treatment matters in a certain way or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Office Manager. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate reasonable requests.

**Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. Please contact our Office Manager if you have questions about access to your medical record. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage labor and supplies used in meeting your request.

**Right to Amend:** If you feel that PHI, we have about you is incorrect or incomplete, you may ask us to fix the information. You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request you must submit your request in writing to our Office Manager. You must also give us a reason for your request. We may deny your request in certain cases. Requests for amendments must be in writing and must give us a reason for the request.

**Right to Receive an Accounting of Disclosures:** You have the right to request an "accounting" of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us other than disclosures made for treatment,

payment, and health care operations. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred. In some limited circumstances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years. The list will not include disclosures made to you; for purposes of treatment, payment or healthcare operations, for which you signed an authorization or for other reasons for which we are not required to keep a record of disclosures. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

**Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this notice at any time. You are entitled to a paper copy of this notice and/or an electronic copy from our website, <http://www.inneryoucounselingri.com/>. If you have received an electronic copy, we will provide you with a paper copy of the Notice upon request even if you have previously agreed to receive this notice electronically. To obtain a paper copy of this notice, please contact our Office Manager.

**Right to supply an alternate address**

You have the right to ask that we send you information at an alternative address or by an alternative means. We will consider your request but are not legally bound to agree to the restriction. We will agree to your request if it is reasonably easy for us to do so.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us and/or the Secretary of the United States Department of Health and Human Services at the Office for Civil Rights' Regional office. We will provide the mailing address at your request. We will take no retaliatory action against you if you make any complaints, whether to us or to the Department of Health and Human Services. We support your right to the privacy of your health information.

If you have questions about this Notice or any complaints about our privacy practices, please contact our Office Manager, either by phone or in writing at:

OFFICIAL CONTACT INFORMATION You may contact our Office Manager at the following address and phone number: 1023 Post Rd, Warwick, RI 02888 Tel: (401) 773-7116 (This notice was published and first became effective on April 14, 2003) Updated HIPPA OMNIBUS CHANGES EFFECTIVE September 23 2013