

## NOTICE OF PRIVACY PRACTICES AND YOUR RIGHTS

### A LARGER COPY IS AVAILABLE ON REQUEST

This notice takes effect on April 14, 2003 and remains in effect until we change it.

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.

If you have any questions about this notice, please contact JAN EGGIMAN at MARRIAGE AND FAMILY COUNSELING CENTER, 614 West Berry Street, St. Fort Wayne, IN 46802; (260)444-5034

In most cases, this Notice will be provided to you (the patient). In some cases, however, a patient representative such as a parent, guardian, agent under a power of attorney for health care, or conservator will represent you, if you are unable or unwilling to exercise certain patient rights regarding the control of medical information. This notice applies to information and records regarding your health care maintained at Marriage And Family Counseling Center, including medical records and payment information (medical information) and all Marriage And Family Counseling Center employees.

#### OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting this medical information about you. We create a record of the care and services you receive here at Marriage And Family Counseling Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records on your care generated by Marriage And Family Counseling Center, whether made by clinic personal or me (your therapist). This notice will tell you about the ways in which Marriage And Family Counseling Center may use and disclose medical information about you. We will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Marriage and Family Counseling Center is required by law to:

- make sure that medical information that identifies you is kept private;
- give to you this notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of this notice that is currently in effect.

#### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we may disclose medical information. Not every use and disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

- a) For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors or nurses who are involved in taking care of you. We may disclose medical information about you to people outside this clinic who may be involved in your medical care such as family M.D. and others we use to provide services for you care.
- b) Appointment Reminders. We may use and disclose medical information to contact you as a reminder you have an appointment for treatment or you have missed an appointment at Marriage and Family Counseling Center.
- c) For Payment. We may use and disclose medical information about you so that treatment and services you receive at Marriage And Family Counseling Center may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine if your plan will cover care.
- d) Treatment Alternatives. We may disclose medical information to tell you about or recommend possible treatment options or alternative care.
- e) Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may give information to someone who helps pay for your care.
- f) Worker's Compensation. We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- g) As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law. This includes a court order administrative order, subpoena, warrant, summons, discovery request or other lawful process.
- h) Public Health Risks. We may disclose medical information about you for public health activities. These generally include the following:
  1. to prevent or control disease, injury, or disability;
  2. to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  3. to notify a government authority if we believe a person or child has been the victim of abuse, neglect or domestic violence. We will only make this disclosure for adults if you agree or when required or authorized by law.
- i) Health Oversight Activities. We may disclose medical information for activities authorized by law. These include, audits, investigations, inspections and licensure. These activities are necessary for government monitoring of health care systems and government programs.
- j) Other. Health care operations, Funeral Director, Coroner, Medical Examiner.

CONTINUE ON OTHER SIDE

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you.

1. Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. This usually includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Janet Eggiman, at Marriage and Family Counseling Center at 614 W. Berry St., Fort Wayne, IN 46802; (260) 444-5034. If you request a copy of the information, we may charge a fee for the costs of copying (\$10 for first 10 pages then 50 cents per side), plus other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information. You may request that the denial be reviewed. Another licensed health care professional chosen by the Marriage and Family Counseling Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. Right to Request an Amendment. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum. You have the right to request an amendment for as long as the information is kept by Marriage and Family Counseling Center. To request an amendment, your request must be made in writing and submitted to Janet M Eggiman, Marriage And Family Counseling Center, 614 W. Berry St., Fort Wayne, IN 46802. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing and does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) Was not created by Marriage And Family Counseling Center;
- b) Is not part of the medical information kept by Marriage and Family Counseling Center;
- c) Is not part of the information which you would be permitted to copy; or
- d) Is accurate and complete in the record

3. Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures". This is a list of disclosures we made of medical information about you.

To request this list of disclosures, you must submit your request in writing to Janet Eggiman, Marriage and Family Counseling Center 614 W. Berry St., Fort Wayne, IN 46802. Your request may state a time period which may NOT be longer than six years. The first list within 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

4. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend.

*We are not required to agree to your request.* If we do agree, we 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 Janet Eggiman. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosures or both; and (3) to whom you want the limits of apply, for example, disclosures to your spouse.

5. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Janet Eggiman. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. You have the right to ask for another copy of this notice at any time by making a request in writing to our privacy officer at this office.

## CHANGES TO TIDS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain, on the first page, in the top right corner, the effective date.

## Complaints:

If you believe your privacy rights have been violated, you may file a complaint with Marriage and Family Counseling Center or with the Secretary of the Department of Health and Human Services. To file a complaint with Marriage And Family Counseling Center, contact Jan Eggiman at 614 W. Berry St., Fort Wayne, IN 46802 or (260) 444-5034. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

## OTHER USES OF MEDICAL INFORMATION.

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 permission. You may revoke that permission at any time with a written notice.