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**Office Location: 14 Main Street, Suite 304 Brunswick, Maine 04011**

## **HIPPA Notice OF Privacy Practices**

**This notice describes how medical/mental health information about clients may be used and disclosed, and how clients can get access to this information. Please review this document carefully.**

Health records contain confidential information about your health. This information could identify past, current, and future physical and mental health conditions as they relate to you the client. This information is known as Protected Health Information, PHI. Information regarding clients is released in accordance with federal and state laws, and in accordance with the ethics of the counseling profession. In order to provide quality care, collect payments, and for the purpose of conducting health care operations, confidential information it may necessary to disclose confidential information. This notice describes the policies of this mental health practice in disclosing confidential client information, PHI

### **Disclosure OF Health Information**

#### **For Treatment**

Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal law allow health care providers to use and disclose Protected Health Information these for these purposes. Protected health information may be disclosed to provide, manage and coordinate care and services with providers such as physicians, health care providers, consultants and referral sources. It is the practice of this provider to obtain written permission before communicating providers, or anyone else, regarding confidential information.

#### **Payment**

PHI may be used or disclosed to verify insurance coverage, process claims and collect fees. It is the policy of this provider to obtain written permission from clients to enable this aspect of the payment process. In order to facilitate payment it may be necessary to

conduct other payment related activities and this could mean divulging client information as appropriate.

## **Healthcare Operations**

Healthcare information may be used to support activities that enable this private practice to do business. Examples of these kinds of activities might include disclosure for the purpose of reviewing treatment procedures, reviewing business activities, certification, staff training and compliance with licensing activities.

## **Activities that do not require the consent of the client**

The law allows for the disclosure of PHI under the following circumstances:

- Mandated reporting is required if there is reasonable suspicion of abuse and / or neglect of a child, vulnerable elder or person with a handicap;
- If there is a court order to reveal information;
- To speak with attorneys regarding subpoenas or other legal action;
- To prevent serious imminent threat to an individual, including the client, and/or the public or other third parties; and where there is clear imminent threat of suicide, self-injury, homicide, and other possible violent behavior that may put the client or others at risk or in harm's way;
- Appointment Scheduling with the counselor;
- As required by law mandate of a government agency to deal with such matters as public health policy to control disease;
- As required by law enforcement, and as long as legal requirements are met for law enforcement purposes. These law enforcement purposes might include: limited request for identification and location purposes; pertaining to victims of a crime; suspicion that death has occurred as a result of criminal conduct; in the event of a medical emergency.

## **Client Rights Regarding Protected Health Information, PHI**

- **Right to request where and how contact is made with the client.**

The client has the right to determine if they wish to be contacted at home work, cell phone or home phone, and to state how they want to be contacted.

- **Right to release medical records**

The client has the right to have a written authorization in order to facilitate the release of medical records to others; to revoke previously authorized released, and have this in writing;

- **The client has the right to inspect and receive a copy of their medical billing records.** The counselor has the right to deny this request. The

counselor has the right to charge a fee for copying and mailing this information, or other administrative charges;

- **Right to Amend.** If the client believes that information regarding their PHI is incorrect, the client may request that the information be changed, although the counselor does not have to agree to make this changes;
- **Right to Request Restrictions.** The client can request restrictions or limitations on the use or disclosure of PHI for treatment, payment, or health care operations. The counselors is not required to adhere to those requests;
- **Right to a copy of this notice.** The client has the right to obtain a copy of this notice;
- **Right to complain.** The counseling profession is regulated by the Department of Professional and Financial Regulation. If you believe that there has been a violation of your privacy you are encouraged to contact me to discuss the situation. Complaints may be registered by contacting:  
The Board of Counseling and Professional Licensure  
State House Station # 35  
Augusta Maine 04333  
Phone: 207 624-8500

**The effective date of this notice is April 14, 2003**