

### **Right to Inspect and Copy Your Health Information**

You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form, e.g. PDF saved to a CD. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to Samaritan Center Privacy Official, 1478 Kenwood Dr., Suite 1, Menasha, WI 54952. We may charge you a reasonable fee to cover our expenses for copying your health information.

### **Right to Request an Amendment of Your Health Information**

If you believe your health information is incorrect, you may ask us to amend the information. You will be asked to make such a request in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

### **Right to an Accounting**

You or your representative has the right to request an accounting of disclosures of your health information made by SCC for certain purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Official, HIPAA Officer, Samaritan Counseling Center, 1478 Kenwood Dr., Suite 1, Menasha, WI 54952. The request should specify the time periods for the accounting, starting April 14, 2003. Accounting requests may not be made for periods in excess of six (6) years. SCC will provide the first accounting you request of any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. We must comply with your request within 60 days unless you agree to a 30-day extension.

### **Right to a Paper Copy of Notice**

You or your representative has the right to a separate paper copy of this Notice at any time even if you or your representative has received this notice previously. To obtain a separate paper copy, please contact our office at (920) 886-9319.

### **Duties of Provider**

SCC is required by law to maintain the privacy of your health information and to provide you and your representative with this Notice of our duties and privacy practices. SCC is required by law to notify you following a breach of unsecured protected health information. SCC is required to abide by the terms of this Notice, which may be amended from time to time. SCC

reserves the right to change the terms of our Notice and to make new Notice provisions effective for all health information that it maintains. If SCC makes a material change to this Notice, SCC will make the new notice available to you at your request and will post the new notice at the location of service. You or your representative has the right to express complaint to SCC and the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to SCC should be made in writing to the Privacy Official, HIPAA Officer, Samaritan Counseling Center, 1478 Kenwood Dr., Suite 1, Menasha, WI 54952. SCC encourages you to express any concerns you may have regarding the PRIVACY of your information. You will not be retaliated against in any way for filing a complaint.

### **CONTACT PERSON**

SCC has designated the Privacy Official as our contact person for all issues regarding client privacy and your rights under the Federal Privacy Standards. You may contact this person at Samaritan Counseling Center, 1478 Kenwood Dr., Suite 1, Menasha, WI 54952 or at (920) 886-9319.

### **EFFECTIVE DATE**

This revised Notice is effective September 23, 2013. If you have any questions, please contact Privacy Official, HIPAA Officer, Samaritan Counseling Center, 1478 Kenwood Dr., Suite 1, Menasha, WI 54952 or (920) 886-9319.

*Resources from the HIPAA Collaborative of Wisconsin were used in the creation of this notice.*



### **NOTICE OF UPDATED PRIVACY PRACTICES**

This notice tells you how we make use of your health information at our Center, how we might disclose your health information to others, and how you can get access to the same information.

**Please review this notice carefully.**

Samaritan Counseling Center of the Fox Valley (SCC) is required by law to maintain the privacy of your health information. SCC is also required to provide you with a notice that describes SCC's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this notice or if you want more information about SCC's privacy practices, please contact Samaritan Center Privacy Official, 1478 Kenwood Dr., Suite 1, Menasha, WI 54952.

## HOW SCC MAY USE OR DISCLOSE YOUR HEALTH CARE INFORMATION FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

### **To Provide Treatment**

We may use or disclose your health care information in the provision, coordination or management of your health care. Our communications to you may be by telephone, cell phone, e-mail or by mail, according to your preferences. For example, we may use your information to call and remind you of an appointment or to refer your care to another health care provider. If another provider requests your health information and they are not providing care and treatment to you we will request an authorization from you before providing your information.

### **To Obtain Payment**

SCC may include your health information in invoices to collect payment from third parties for the care you may receive here. For example, SCC may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or SCC. *By signing the “Fee Agreement for Professional Services” form*, you are giving your permission to do this. We also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

### **To Conduct Health Care Operations**

We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received. If the activities require disclosure outside of our health care organization we will request your authorization before disclosing that information.

## HOW SCC MAY USE OR DISCLOSE YOUR HEALTH CARE INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

### **When Legally Required**

SCC will disclose your health information when it is required to do so by any federal or local law.

### **To Protect Public Health**

We may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting

problems with products and reactions to medications to the Food and Drug Administration.

**PLEASE NOTE:** Licensing requirements may mandate additional reporting based upon their standards such as to prevent or control body/head lice, etc.

### **To Report Abuse, Neglect or Violence Against a Child**

SCC is allowed to notify government authorities if SCC believes a child is the victim of abuse, neglect or domestic violence. SCC will make this disclosure when specifically required or authorized by law or, *when you agree to the disclosure*, if you are 18 or older.

### **To Conduct Health Oversight Activities**

SCC may disclose your health information to a health oversight agency for activities including audits, civil administration or criminal investigations; inspections; licensure or disciplinary action. SCC, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits, i.e. Social Security.

### **For Law Enforcement Purposes**

As permitted or required by state law, SCC may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

### **To Coroners and Medical Examiners**

SCC may disclose your health information to coroners and medical examiners for purposes of determining cause of death or for other duties, as authorized by law.

### **In the Event of a Serious Threat to Health or Safety**

SCC may, consistent with applicable law and ethical standards of conduct, disclose your health information if SCC, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or to the health and safety of the public.

### **For Specified Government Functions**

In certain circumstances, Federal regulations authorize SCC to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker’s Compensation** SCC may release your health information for Worker’s Compensation or similar programs.

## WHEN SCC IS REQUIRED TO OBTAIN AN AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of treatment referrals/alternatives and marketing require your authorization. Your written authorization is also required to contact you for fundraising purposes, and you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

## YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health Information that SCC maintains:

### **Right to Request Restrictions**

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your health information to someone who is involved in your care or the payment of your care. If you would like to make a request for restrictions, you must submit your request in writing to Samaritan Center Privacy Official, 1478 Kenwood Dr., Suite 1, Menasha, WI 54952.

### **Right to Receive Confidential Communications**

You have the right to request that SCC communicate with you in a certain way. For example, you may ask that SCC only conduct communications pertaining to your health information with you privately and with no other family members present. SCC will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications. For example, records of minor children may be released to parents without a minor child’s permission. Exceptions include Alcohol and Other Drug Abuse records; and developmentally disabled persons.