

**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION\* ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

\*Protected Health Information (PHI)

**Privacy**

The Counseling Practice of Donald Coombs (CPDC) is required by state and federal law to maintain the privacy of your protected health information (PHI). PHI includes any identifiable information about your physical or mental health, the health care you receive, and the payment for your health care. The CPDC is required by law to provide you with this notice to tell you how it may use and disclose your PHI and to inform you of your privacy rights. CPDC must follow the privacy practices as set forth in its most current Notice of Privacy Practices.

**This notice refers only to the use/disclosure of PHI. It does not change existing law, regulations and policies regarding informed consent for treatment.**

**Changes to this Notice**

CPDC may change its privacy practices and the terms of this notice at any time. Changes will apply to PHI that CPDC already has as well as PHI that CPDC receives in the future. The most current privacy notice will be posted in CPDC facilities and programs, and on the CPDC website ([www.counselingwithdon.com](http://www.counselingwithdon.com)), and will be available on request. Every privacy notice will be dated.

**How Does CPDC Use and Disclose PHI?**

CPDC may use/disclose your PHI for treatment, payment and health care operations without your authorization. Otherwise, your written authorization is needed unless an exception listed in this notice applies.

**Uses/Disclosures Relating to Treatment, Payment and Health Care Operations**

The following examples describe some, but not all, of the uses/disclosures that are made for treatment, payment and health care operations.

**For treatment** – Consistent with its regulations and policies, CPDC may use/disclose PHI to doctors, nurses, service providers and other personnel (e.g., interpreters), who are involved in delivering your health care and related services. Your PHI will be used to determine your eligibility for CPDC services, to assist in developing your treatment and/or service plan and to conduct periodic reviews and assessments. Your PHI may be shared with other health care professionals and providers to obtain prescriptions, lab work, consultations and other items needed for your care.

**To obtain payment** -- Consistent with the restrictions set forth in its regulations and policies, CPDC may use/disclose your PHI to bill and collect payment for your health care services. CPDC may release portions of your PHI to the Medicaid or Medicare program or a third party payor to determine if they will make payment, to get prior approval and to support any claim or bill.

**For health care operations** -- CPDC may use/disclose PHI to support activities such as program planning, management and administrative activities, quality assurance, receiving and responding to complaints, compliance programs (e.g., Medicare), audits, training and credentialing of health care professionals, and certification and accreditation (e.g., JCAHO).

**Appointment Reminders**

CPDC may use PHI to remind you of an appointment or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Uses/Disclosures Requiring Authorization**

CPDC is required to have a written authorization from you or your personal representative with the legal authority to make health care decisions on your behalf for uses/disclosures beyond treatment, payment and health care operations unless an exception listed below applies. You may cancel an authorization at any time, if you do so in writing. A cancellation will stop future uses/disclosures except to the extent CPDC has already acted based upon your authorization.

# The Counseling Practice of Rev. Donald Coombs, CAGS, NCC, LMHC, LADC-1

## **Exceptions**

- For guardianship or commitment proceedings when CPDC is a party
- For judicial proceedings if certain criteria are met
- For protection of victims of abuse or neglect
- For research purposes, following strict internal review
- If you agree, verbally or otherwise, CPDC may disclose a limited amount of PHI for the following purposes:
  - **Clergy** – Your religious affiliation may be shared with clergy
  - **To Family and Friends** – CPDC may share information directly related to their involvement in your care, or payment for your care
- For federal and state oversight activities such as fraud investigations, usual incident reporting, and protection and advocacy activities
- If required by law, or for law enforcement or national security
- To avoid a serious and imminent threat to public health or safety
- For public health activities such as tracking diseases and reporting vital statistics
- Upon death, to funeral directors and certain organ procurement organizations

## **Your Rights**

You, or a personal representative with legal authority to make health care decisions on your behalf, have the right to:

- Request that CPDC use a specific address or telephone number to contact you. CPDC is not required to comply with your request.
- Obtain, upon request, a paper copy of this notice or any revision of this notice, even if you agreed to receive it electronically.
- \*Inspect and copy PHI that may be used to make decisions about your care. Access to your records may be restricted in limited circumstances. If you are denied access, in certain circumstances, you may request that the denial be reviewed. Fees may be charged for copying and mailing.
- \*Request additions or corrections to your PHI. CPDC is not required to comply with a request. If it does not comply with your request, you have certain rights.
- \*Receive a list of individuals who received your PHI from CPDC (excluding disclosures that you authorized or approved, disclosures made for treatment, payment and healthcare operations and some required disclosures).
- \*Ask that CPDC restrict how it uses or discloses your PHI. CPDC is not required to agree to a restriction.
- \* **These requests must be made in writing**

## **To Contact COUNSELING PRACTICE OF DONALD COOMBS or to File a Complaint**

If you want to obtain further information about COUNSELING PRACTICE OF DONALD COOMBS' privacy practices, or if you want to exercise your rights, or you feel your privacy rights have been violated, or you want to file a complaint, you may contact: COUNSELING PRACTICE OF DONALD COOMBS Privacy Officer, PO Box 245, Hampden, MA 01036, Phone and Fax: 413-565-5121. A complaint must be made in writing.

You also may contact a COUNSELING PRACTICE OF DONALD COOMBS facility's medical records office (for that facility's records), a COUNSELING PRACTICE OF DONALD COOMBS program director (for that program's records), your site office (for case management records), or the human rights officer at your facility or program, for more information or assistance. No one may retaliate against you for filing a complaint or for exercising your rights as described in this notice. You also may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights, U.S. Department of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA. 02203.