

Notice of Privacy Practices and Your Health Information Rights

Protected Health Information as it relates to
Mental Health & Alcohol and Other Drug Abuse Services
provided by OceanHawk Counseling Alternatives, LLC
Effective May 1, 2006

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

OceanHawk Counseling Alternatives, LLC (OCA) is committed to protecting the privacy of health information about you and the services you receive at OCA. Your privacy rights and our responsibilities are governed under provisions of State and Federal Law, including but not limited to:

- Sec. 51.30, Wisconsin Statutes
- HFS 92, Wisconsin Administrative Code
- 42 Code of Federal Regulations, Part 2, Confidentiality of Alcohol & Drug Abuse Patient Records
- 45 Code of Federal Regulations, pts 160 & 164, Health Insurance Portability/Accountability Act of 1996 (HIPAA)

OCA is required by law to:

- Maintain the privacy of your health information
- Provide you with this notice of our duties and practices with respect to your health information; and
- Abide by the terms of this notice.

In general, OCA must obtain your written consent before giving anyone outside OCA information which identifies you as someone who has applied for or received services at OCA or before disclosing any personally identifiable information from your treatment record. You may revoke any such authorization at any time, except to the extent that information has already been shared. This can be done by giving written notice to your OCA service provider(s) or to OCA's Records Department.

The following page lists exceptions in which information about you may be disclosed without your consent. In all cases—with or without consent—information given will be limited to that information needed to meet the purpose for the disclosure and/or to the extent provided for by law.

Within OceanHawk Counseling Alternatives, LLC — Without Consent

OCA is made up of a number of clinical and administrative. Your health information may be shared for purposes of treatment, payment and healthcare operations, but this is done only where there is a need to know the information. For example, your counselor at OCA may need to consult with your APNP about prescribing medications, program assistants may need access to information to send you an appointment reminder or a description of new services, management and staff may access your health information for purposes of evaluating services or the performance of your health care provider, etc.

Outside OceanHawk Counseling Alternatives, LLC — Without Consent

To Avert a Serious Threat to Health or Safety: As required or permitted by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your health or safety or to the health or safety of the public. Examples might include reporting of child abuse, a threat made to harm a specific individual, sharing of information with physicians in a hospital emergency room, etc.

The law specifically requires the clinician to report any knowledge of child abuse. If the client is being investigated for child abuse, child neglect, sexual molestation or other such offense, this clinic may be lawfully contacted for information bearing upon these charges and required to cooperate with this request for information.

If any client reveals to their clinician or other staff that they intend to seriously injure themselves or someone else, or there is reasonable probability of such harm, the clinician has the legal responsibility to alert the endangered individual, the client's family, or the appropriate law enforcement agency to protect against this danger. **The client agrees to this disclosure by signing this form and entering into counseling.**

Business Associates: Certain services (for example, lab testing, pharmacy, legal services, etc.) are performed through contract with outside persons or organizations known as "Business Associates." Your health information may be shared with one of these business associates as it is necessary to the service they provide for us. OCA signs an agreement with these business associates that obligates them to appropriately safeguard privacy of the information.

For Payment: OCA may need to submit a bill identifying you, your diagnosis and treatment provided to an insurer or other agency paying for your mental health services (for example, Medicare or Medicaid, grant funders, private insurance, etc.). If you are receiving alcohol or other drug abuse treatment, however, your signed release is required to release information for payment purposes.

Health System Oversight Activities: Certain information may be shared with government agencies who provide funding to or oversight of OCA's services. Examples of such agencies include the Wisconsin Department of Health and Family Services and the Dane County Department of Human Services. Purposes for disclosing the information might include service coordination, financial or program audits, program certification, death investigation, etc.

Research: OCA may use or disclose information about you for research purposes under conditions that meet the stringent requirements of both State and Federal law and OCA's Research Committee. In most cases, however, OCA will first remove information that personally identifies you or seek your approval to participate in a research study before sharing the information.

Judicial Proceedings: OCA may disclose information in response to a specific legal proceeding, court order or other legal process, as stipulated by law. For example, law enforcement officers often consult with OCA's Emergency Services staff in the process of an emergency detention.

Crime on Premises or Against Program Personnel: In certain circumstances, OCA may disclose limited information to law enforcement officers when a consumer commits or threatens to commit a crime at any OCA facility or against OCA staff.

Family Members: Limited information may be shared with your spouse, parent, adult child or sibling, but only if OCA treatment staff have verified that the family member is directly involved in providing or monitoring your treatment.

Confidentiality: Unless a specific exception exists, your clinician will not speak to anyone, outside of the parent or guardian of a minor child or the guardian of an adult adjudged to be incompetent, without the express written consent on a legally viable "Release of Information" form.

Communication methods: OCA, its therapists/staff use telephone, U.S. mail, facsimile and email to communicate as necessary.

No one who joins you in the therapy session is entitled to have access to your therapy records without signed, written permission by you or your parent or guardian.

No client is videotaped, audio taped, or photographed without their written permission. The clinician is required to state the purpose of any taping or photographing and received approval from the Clinical Director.

At the time that they are hired, each staff member is subjected to a Caregiver Background check and is required to sign a statement acknowledging his or her responsibility to maintain confidentiality of personal information about clients.

All client information is kept securely in a chart in a locked file cabinet. OceanHawk Counseling uses Practice Mate, a web-based, HIPPA compliant program, to hold patient demographics, schedule appointments, file claims, record progress notes and any communications related to the client (i.e. phone calls from clients or to insurance companies, for example).

Health Information Rights - you have the right to:

Receive Confidential Communications: You have the right to request that we communicate with you by alternative means or at an alternative location. For example, you may ask that we phone you at work rather than at home. We will try to accommodate reasonable requests.

Access your Treatment Record: You have the right to inspect (within one working day) and obtain (within five working days) a copy of your treatment record, except for specific documents where access is prohibited by law. This information will be provided at no cost to you for the first copy. Requests for additional copies may result in a customary fee to cover the cost of duplication.

Amend your Treatment Record: You have the right to request an amendment to your treatment record if you believe information in the record is incorrect or incomplete. If the staff person working with you disagrees with the requested amendment, you may submit a written request to OCA's Medical Director specifying the information you would like to have changed and the reason for the change. Your request will be granted or denied by the Medical Director within 30 days. You will receive either a copy of the information as amended in your record or written explanation of why the request was denied. If the request is denied, you have the right to insert a statement in the record disputing the accuracy or completeness of the information which was not changed. This statement will become part of your treatment record.

Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information for payment of services or OCA's service related operations. OCA is not obligated to agree to your request but will give every reasonable request careful consideration. For example, if your neighbor works at OCA as transcriptionist, we may be able to have someone else type any information dictated by a clinician for your treatment record.

Obtain an Accounting of Disclosures: You have the right to an accounting of disclosures of your health information made by OCA. This accounting will list the date of each disclosure, a brief description of information disclosed and the reason for disclosure. The first accounting in any 12-month period is free; you may be charged a reasonable fee for any additional accounting requested by you within the same 12-month period.

Request a Paper Copy of this Notice: you may request a copy of this notice at any time.

Client Rights, Privacy Practices, and Complaints:

If you have any questions regarding these matters, please feel free to discuss such with your clinician. If you believe that your *client* rights have been violated, you may contact our Client Rights Specialist, Maria Hanson, Client Right Specialist Inc., P. O. Box 14533, Madison, WI 53708-0533. If you believe that your *privacy* rights have been violated, you may ask to speak with the Privacy Officer or submit a written complaint to the U.S. Department of Health and Human Services.

FOR FURTHER INFORMATION ABOUT THIS NOTICE
Contact: Kelly Miller, Patient & Practice Coordinator
OceanHawk Counseling Alternatives, LLC