

## HIPPA

### FAMILY EDUCATION & SUPPORT SERVICES, LLC

39555 Orchard Hill Place, Suite 600  
Novi, Michigan, 48375-5374  
248-916-5270

**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 PLEASE REVIEW THIS NOTICE CAREFULLY.** Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at the time. We will provide you with a copy of the revised Notice of Privacy, sending a copy to you in the mail upon request or providing one to you at your next appointment.

**I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS** We may use or disclose your PHI for *treatment, payment and health care operations* purposes with your written *authorization*. The following are definition of these terms: *"Treatment, Payment and Health Care Operations"* *Treatment*. Your PHI may be used and disclosed by your therapist with your written authorization for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with another treatment team member and referral to another health care provider. *Payment*. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection. *Health Care Operations*. We may use or disclose, as needed, your PHI in order to support any business activities including, but not limited to, quality assessment and improvement activities, medical review activities, licensing, and conducting or arranging for other business and administrative activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing, legal or accounting services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. *"Use"* This applies only to activities within our offices such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. *"Disclosure"* This applies to activities outside our offices such as releasing, transferring, or providing access to information about you to other parties. *"Authorization"* This is

your written permission for authorizing use or disclosure of your PHI. Authorizations for disclosures must be on a specific legally required form.

**II. OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION** We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those cases, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes your Therapist may have made about conversations during a private, group, joint, or family counseling session, which your Therapist has kept separate from the rest of your record. These notes are given a greater degree of protection than your PHI. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent the (1) Your Therapist has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under your policy.

**III. USE AND DISCLOSURE WITHOUT AUTHORIZATION** We may use or disclose PHI without your consent or authorization in the following circumstances: *Child Abuse*- If your Therapist has reasonable cause to believe a child known to her/him in her/his professional capacity may be an abused or neglected child, she/he must report this belief to the appropriate authorities. *Adult and Domestic Abuse*- If your Therapist has reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, your Therapist must report this belief to the appropriate authorities. *Health Oversight Activities*- We may disclose your PHI to a health oversight agency for oversight activities authorized by the law, including licensure or disciplinary actions. *Judicial and Administrative Proceedings*- If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the record thereof, such information is privileged under state law, and your Therapist must not release such information without a court order. We can release the information directly to you upon your request. Information about all other psychological services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case. *Serious Threat to Health or Safety*- If you communicate to your Therapist a specific threat of imminent harm against another individual or if your Therapist believes that there is a clear, imminent risk of physical or mental injury being inflicted against another individual, your Therapist may make disclosures that she/he believes necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures necessary to protect you from harm. *Worker's Compensation* - I may disclose your PHI as authorized by and to the extent necessary to comply with laws related to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illnesses without regard or fault. *Criminal Activity* - If you commit a crime on my office premises, against me or related to me, I may share information with law enforcement for the purpose of reporting and/or investigating the crime. Should an arrest be made, I may testify at any subsequent court proceedings.

**IV. CLIENT'S RIGHTS AND PSYCHOTHERAPIST'S DUTIES** Client's Rights: *Right to request restrictions* - You have the right to request restrictions on certain uses and disclosures of PHI. However, I am not required to agree to a restriction you request. For example, you may request that your insurance company not be given your diagnosis. I may refuse because the insurance company will not pay without

this information. In this case, you would have the option to pay for the care yourself. *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and alternative locations. (For example, you may not want a family member to know you are seeing me. On your request, I will send your bills to another address.) *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of your PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and Psychotherapy Notes. On your request, I will discuss with you the details of this request for access process. I may charge a reasonable, cost-based fee for copies. *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process. *Right to Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process. *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically. **Psychotherapist's Duties:** I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will put a Revised Notice on display in the waiting room.

**V. COMPLAINTS** If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me about it. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services (200 Independence Avenue, S.W. Washington, D.C. 20201) or by calling (202)619-0257.

**VI. EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO PRIVACY POLICY** This notice is effective on April 14, 2003 (updated August 10, 2021). I reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by placing a copy on the waiting room or giving you updates in writing, when appropriate.

*Resident Therapist: 10-year prior of direct care and administrative experience in the field of mental health and social service programs. Her extensive background includes work in adult and children's facilities, community programs, multi-generational family education, individual and group therapy, both in inpatient and outpatient programming, all age groups. She has served for several years as field instructor for Wayne State University and University of Michigan graduate students in the school of social work and administered several courses to Wayne State University graduate students in the school of social work. Administrative experience includes: Program Director of community living skills in the Department of Mental Health and Public Welfare; Administrative in the Department of Economic Services.*