

Owen Bolton, LMSW, ACSW.

NOTICE OF PRIVACY PRACTICE

***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 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 control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with 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 that time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTHY INFORMATION ABOUT YOU

- **For Treatment** : Your PHI may be use and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This at times includes clinical consultation. We may disclose PHI to any other consultant only with your authorization.
- **For 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 small claims court collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.
- **For Health Care Operations** : We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or answering services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.
- **Required by Law** : Under the law, we must make disclosures of your PHI to you upon your request.
- **Required by Law Without Authorization** : Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are the following:
 - 1) **Child Abuse** : If I have reasonable cause to suspect child abuse or neglect, I must report this to the appropriate authorities as required by law.
 - 2) **Adult and Domestic Abuse** : If I have reasonable cause to suspect you have been criminally abused, I must report this suspicion to the appropriate authorities as required by law.
 - 3) **Judicial and Administrative Proceedings** : If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and I will not release information without your written authorization or a court order.

- 4) **Serious Threat to Health or Safety** : If you communicate to me a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, I may disclose relevant PHI and take the reasonable steps permitted by law to prevent the threaten harm from occurring. If I believe that there is an imminent risk that you will harm yourself, I may disclose information in order to protect you.
 - 5) **Health Oversight Activities** : I must make disclosures to the Secretary of the Department of Health and Human Services as may be required for the purpose of investigating compliance with the requirements of the Privacy Rule. I must comply with any lawful requests made by the Michigan Board of Examiners of Social Workers, and/or the Michigan Department of Community Health pursuant to relevant patient health information.
- **With Authorization** : Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization. You may revoke an authorization of PHI at any time, providing the revocation is in writing. It may not be revoked retrospectively, such as when information has already been released under the authorization.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to : Owen Bolton, LMSW, ACSW, Minges Brook Counseling Service, 9 Heritage Oak Lane, Suite 9, Battle Creek, MI. 49015 (269) 979-4800:

- **Right of Access to Inspect and Copy** : You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend** : If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures** : You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12 month period.
- **Right to Request Restrictions** : You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication** : You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice** : You have the right to a copy of this notice.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing about me: Owen Bolton, LMSW, ACSW, Minges Brook Counseling Service, 9 Heritage Oak Lane, Suite 9, Battle Creek, Michigan 49015; or contact The Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.** Effective January 1, 2010.

