

INTRODUCTION

This Notice describes the privacy practices of C.J. Hendry & Associates, Inc. (hereinafter referred to as CJH). This notice applies to all of the health records that identify you and the care you receive from us. If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you

PRIVACY AND THE LAWS

We are required to give you this Notice of our Privacy Policy because of the federal law, the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. We will follow the terms of this Notice while it is in effect and inform you of any changes. At CJH we believe that your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are also required by law to respect your confidentiality.

WHO WILL FOLLOW THIS NOTICE

Any health care professional authorized to enter information into your clinical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this Notice of Privacy Practices. All business associates such as our billing service, sites and locations of this practice may share information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

PROTECTED HEALTH INFORMATION (PHI)

Any information we collect regarding your physical or mental health is called Protected Health Information (PHI). This may include the intake assessment, counseling sessions, psychological testing, records requested from other treating professionals and payment for your health care. All of this information comprises your clinical record, which may be stored as paper charts and files, computer and electronic data. The clinical record is the property of CJH but the PHI in the clinical record belongs to you.

THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Use. This is when your information is read by your counselor or other approved CJH personnel for routine purposes (for example: insurance billing).

Disclosure. This is when your information is shared with, or sent to, others outside CJH.

Consent Form. By law, we may not treat you, unless you give us written authorization to use your PHI for the purposes of treatment, payment and healthcare operations. We may use and disclose this information without your specific consent.

Treatment. We may use and disclose your PHI to provide, coordinate or manage your health care and related services. For example, if we consult with other health care providers regarding your treatment with us, or if we refer you to another professional such as a physician or psychiatrist, for additional services.

Payment. We may use and disclose your PHI to bill you, your insurance provider or others, to be paid for the treatment we provide you. We may contact your insurance company to check exactly what your insurance covers. They may request information from us, such as dates of services, your diagnoses, treatment received and planned, and progress made. We may also disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

Health Care Operations. We may use and disclose your PHI for health care operations to ensure that you receive quality care. For example, to review our treatment and services and to evaluate the performance of our staff as it relates to your care.

APPOINTMENT REMINDERS, TEST RESULTS AND TREATMENT INFORMATION.

CJH may contact you to provide appointment reminders, test results or to give you information about other treatments or health-related services that may be of interest to you. Ways we may contact you include voice mail messages, postcards, letters, e-mail and other forms of communication, unless you direct us otherwise, in writing.

OTHER USES AND DISCLOSURES NOT REQUIRING CONSENT OR AUTHORIZATION

The law lets us use and disclose some of your PHI without your consent or authorization.

When required by law. There are some federal state or local laws, which require us to disclose PHI.

By law we are required to report:

- suspected child and elder abuse or neglect.
- abuse and neglect of an incompetent adult (such as a severely mentally retarded adult).
- incidents of domestic violence.

If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after attempting to inform you of the request, consulting your lawyer or trying to get a court order to protect the information requested. We have to release information to the government agencies, which check on us to see that we are obeying the privacy laws.

For Law Enforcement Purposes. We may release PHI if asked to do so by a law enforcement official to investigate a crime or criminal.

For Public Health Activities. We may disclose PHI to agencies, which investigate for the purpose related to preventing or controlling disease, injury or disability.

Relating to decedents. We may disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye or tissue donations or transplants.

For specific government functions. We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to worker's compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

To prevent a serious threat to health or safety. If we believe that there is a serious threat to your health or safety, or that of another person, or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.