

## Beal Counseling & Consulting

THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEALTH INFORMATION MAY BE USED AND SHARED WITH OTHERS AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Each time you visit Beal Counseling & Consulting (BCC), a record of your visit is made. This record usually contains your diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record. This information may serve as a:

- basis for planning your care and treatment
- means of communication among the many BCC professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can prove that services billed were actually provided
- a tool in educating BCC professionals
- a source of data for medical research
- a source of information for public health officials who oversee how health care is provided
- a tool for us to assess your progress and continually work to improve the care we provide to you

Understanding what is in your record and how your health information is used helps you to: make sure it is accurate, better understand who, what, when, where, and why others may access your health information, and make informed decisions when giving permission for your information to be shared.

Your record is stored in a file room located at the office of BCC.

### Our Responsibilities

Beal Counseling & Consulting is required to:

- make sure your health information is kept private
- provide you with a Notice about our legal duties and privacy practices with respect to the information we collect and maintain about you
- follow the terms of this Notice
- notify you if we are not able to agree to a restriction you requested
- respond to reasonable requests you make for health information to be communicated by other means or at other locations.

We have the right to change our practices and to make the new requirement effective for all protected health information we keep. If our information practices change, we will mail you a revised notice.

We will not use or share your health information without your permission, except as described in this notice.

Treatment. We will use your health information for treatment without a specific consent when:  
Information is shared among BCC employees for the purpose of treatment and/or continuity of care. For example, information obtained by a therapist, will be recorded in your record and used to determine a plan of treatment that should work best for you. (Only BCC staff involved in your treatment or other BCC staff that have a need to know your health information in order to perform their job duties will have access to your health information)

Payment. We will use your health information for payment without a specific consent from the third party payor you designate, including Medicaid. The information on the bill or sent with the bill will be limited to information needed to develop the claims and receive payment (ie., the bill may include information of the dates, types and costs of therapies/services, and a general description of the purpose of each treatment session or service).

Health care operations. We will use your health information for health care operations without a specific consent:

- when members of the BCC staff, including the Program Director, use information in your health record to assess the quality of care you receive. This will be a way for us to continually improve the quality and effectiveness of the services we provide.
- for reviewers and inspectors, including Commonwealth licensure or certification, when necessary to obtain certification as an eligible provider of services.
- for Physician Service Review Organizations or Utilization Reviews.
- when reporting incidents to state personnel for individuals with mental retardation.
- when BCC is performing the duties of a representative payee for consumers.
- when BCC needs to contract with others to provided services relating to your care, we may share your health information to others, known as business partners, so they can perform the job we have asked them to do. To protect your health information, we also require the business partner to safeguard your information.

Notification.

We may need to use or share information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. Information would only be shared with those who have a need to know.

With your permission, we will use or share information with your primary care physician in order to coordinate your care.

Communication with family.

With your written permission, we may share with a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

To parents/guardians/custodians, if you are under 14 years of age, to obtain permission.

Research. There may be times when review of BCC statistics will aid in a research project. In these cases, information will only be released when non-identifying means have been taken to ensure the privacy of your health information.

The Program Director/Management Staff. Without your permission, we are permitted to share your health information with the Program Director/Management staff, who are responsible for overseeing this facility, as needed for operating this facility.

Commitment Proceedings. During the course of an involuntary commitment proceeding, the court may direct that it or a mental health review officer, as allowed under the Mental Health Procedures Act; have access to your PHI for purposes of conducting the hearing without your permission. Also, information will be shared with attorneys assigned to represent you if you are the subject of an involuntary commitment proceeding without your permission.

Court Orders. We may share information in response to a court order when a Judge from the Court of Common Pleas orders the release of your records.

Mandated Reporting. BCC staff, who in the course of their employment, come into contact with a child, older adult consumer, or a care dependent consumer, they have reason to suspect has been abused is required, by law, to report this suspected abuse to the proper authorities.

Emergency Medical Situations. We may share information in response to an emergency medical situation when release of information is necessary to prevent serious risk of bodily harm or death. Only specific information necessary to handle the emergency may be released.

Food and Drug Administration (FDA). We may share health information with the FDA when events occur involving food, supplements, product and product defects, or when the public is told of the need for product recalls, repairs, or replacement.

Public health. We may share your health information, without your permission to public health or legal authorities in charge of preventing or controlling disease, injury, or disability.

Correctional institution. If you are an inmate of a correctional institution, we may share health information necessary for your health treatment, without your consent, with health care professionals at the institution.

Funeral Director. We may disclose HIV/AIDS related health information to funeral directors to carry out their duties as permitted by law.

Although your BCC record is the physical property of Beal Counseling & Consulting, the information in your BCC record belongs to you. You have the following rights:

You may ask that we not use or share your health information for a specific reason related to treatment, payment, or general health care operations. You may ask that we not share your health information with a personal representative or guardian. We ask that this request be made in writing on a form provided by our agency and given to your therapist. Although we will consider your request, please be aware that we do not have to agree to your request.

If you are not happy with the way you are receiving communications from us, or the location where you receive communications from us, you may ask that we give you information in another way or at another location. We ask that this request be made in writing on a form provided by our agency, and given to your therapist.

You may ask to review and/or obtain copies of health information about you. We ask that this request be made in writing on a form provided by our agency and given to your therapist. Your request will be addressed within the time frames established by law. If you ask for copies we will charge you a reasonable fee.

If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the information or add the missing information. We ask that this request be made in writing using a form provided by our agency and given to your therapist. You must provide us with a reason why you want to change your information.

You may ask that we give you a written list of all the information we have shared with others during a specific time period (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our agency and given to your therapist. Please note that this list will not apply to any of the following types of information released: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for the first list you request in any 12-month period. However, for any lists you ask for after that, you will be charged a reasonable fee.

You may withdraw any authorization/consent form you signed. However, this does not apply to information already released. We ask that this request be made in writing using a form provided by our agency and given to your therapist.

We will try to accommodate all reasonable requests. All requests and the action taken to any request will be noted in your record and kept private.

You have the right to get a paper copy of our Notice of Privacy Practices if you ask for one.

If you have questions and would like additional information, you may contact the Program Director at 445 Westridge Rd. Suite 103, Somerset, Pa.15501 or by phone at (814) 444-9696, Monday – Friday 8:00 a.m. to 4:00 p.m.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our facility. The complaint form may be obtained from your therapist or the Program Director and when completed should be returned to the Program Director. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: 03/01/2003