

CLIENT RIGHTS AND RESPONSIBILITIES

As a client, you have the right to be treated with dignity and respect at all times. Your participation in services is voluntary and you have the right to participate in all decisions regarding your course of treatment. I welcome your feedback, concerns, and inquiries. Below are your client rights and responsibilities

CLIENT RIGHTS

Right to request confidential communications: It is normal practice to communicate with you using the home address and daytime phone number that was provided to us when you scheduled your initial appointment. You have the right to request that I communicate with you in a different way. We will agree to all reasonable requests.

Right to release your medical records: You may consent in writing to release your records to others. You also have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that I acted in reliance on such authorization.

Right to inspect and copy your medical and billing records: You have the right to inspect and obtain a copy of your information contained in my medical records. To request access to your billing or health information, please contact me. If you ask for a copy of any information, there may be a reasonable fee charged for the costs of copying, mailing and supplies.

Right to add information or amend your medical records: If you feel that information contained in your medical record is incorrect or incomplete, you may ask to add information or amend the record. Requests need to be made in writing and provide an explanation concerning the reason for your request.

Right to an accounting of disclosures: You may request an accounting of any disclosures I have made related to your medical information. To receive information regarding disclosure made for a specific time period no longer than six years, please submit your request in writing.

Right to request restrictions on uses and disclosures of your health information: You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be made in writing. However, I am not required to agree to such a request.

Right to receive changes in policy: You have the right to receive any future policy changes secondary to changes in state and federal laws. This is available upon request.

CLIENT RESPONSIBILITIES

Participate in your therapy: You have the responsibility to provide complete information about your illness/problem, participate in understanding your behavioral health or substance abuse problems and develop mutually agreed upon treatment goals. You also have the responsibility to follow plans, instructions and guidelines for care that we have agreed upon together.

Ask questions, speak up and take initiative: You have the responsibility to ask questions to ensure your understanding of diagnosis and treatment plans, or let me know when a treatment plan is not working for you. You also have the responsibility to inform me if your condition worsens. You can reach out to me through phone, text or e-mail; however, if I am unavailable or do not immediately respond, it is your responsibility to contact 911 for any emergency.

Show respect: You have the responsibility to show respect to your counselor, health providers, and other patients. You must maintain confidentiality of the identity and information of other clients disclosed in the process of group treatment. You are expected to follow rules regarding no possession of weapons, hazardous materials, or illicit substances on the property. If you are unable to keep your appointment, please reschedule/cancel your appointment so another person may have an appointment.

Pay fees: You have the responsibility to pay the fees for the services received. This includes paying bills or filing health claims in timely manner and letting me know about problems with paying fees.

COMPLAINTS

If you believe your privacy rights have been violated, please contact us personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. Please note that no individual will not be retaliated against for filing such a complaint. For more information visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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 IT CAREFULLY. This Notice of Privacy Practices describes how Carmichael Counseling may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. The terms of the Notice may change and, if they do, you may obtain a revised copy. You have the right to request that we restrict your protected mental health information—how it is used or disclosed for treatment, payment, or healthcare operations. This agency is not required to agree to this restriction, but if it does, it is bound by that agreement.

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a psychiatrist in order to coordinate care.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, information needed to verify insurance coverage and/or benefits, process claims, or any other information needed for billing and collection purposes. Furthermore, we may bill the person in your family who is financially responsible for your account.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of our organization. For example, we may call you by name in the waiting room when your provider is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

Appointment Reminders: We may use and disclose your health information to provide you with a reminder that you have an appointment at Carmichael Counseling.

As Required By Law: We may use and disclose your health information when required to do so by federal, state or local law.

Threat To Health Or Safety: We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

Other Uses or Disclosures of Your Information, Which Does Not Require Your Consent: There are some instances where we may be required to use and disclose information without your consent. For example, under Nebraska State Law, we are obligated to report any information that you and/or your child or children report about physical or sexual abuse to Child Protective Services. If you provide information that informs us that you are in danger of harming yourself or others. Information to remind you of /or to reschedule appointments or treatment alternatives. Information shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as a subpoena or court order. Clinical records, psychotherapy notes, and other disclosures require a separate signed release of information. You have a right to or will receive notification of a breach of any unsecured personal health information. You have a right to restrict any disclosure of personal health information where you have paid for services out-of-pocket and in full.

A non-custodial parent who wants to learn about his/her child's treatment may have the right to review the treatment records of the child and/or discuss the child with his/her therapist.

The rights and exceptions to privacy are ethically applicable to information disclosed in group therapy formats and all group members are encouraged to keep such information confidential. There are times however, that Carmichael Counseling may be required to share information regarding your treatment/progress with the Nebraska Department of Health and Human Services, the courts, etc. based on contract or legal requirements.

Uses and Disclosures of PHI for which Your Written Authorization Is Required. Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that your provider has already taken an action in reliance on the use or disclosure indicated in the authorization.