



## Privacy of Information Policies

Effective February 15, 2008

This form describes the confidentiality of your health records, how the information is used, your rights, and how you may obtain this information.

*Our Legal Duties:* State and Federal laws require that we at Central Psychological Services, LLC (CPS) keep your health records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide by these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Clients will be notified of any changes in this notice before the changes take place.

The contents of material disclosed to us in an evaluation, intake, counseling, or consultation session are covered by the law as private health information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

*Use of Information:* Information about you may be used by the personnel associated with this practice for diagnosis, treatment planning, treatment, and continuity of care. We may disclose it to health care providers who provide you with treatment, such as doctors, nurses, mental health professionals, and mental health students and mental health professionals or business associates affiliated with this clinic such as billing, quality enhancement, training, audits, and accreditation.

Generally, verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy CPS not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

*Duty to Warn and Protect:* When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify

legal authorities and make reasonable attempts to notify the family of the client.

*Public Safety:* Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

*Abuse:* If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences for client and public safety.

*Prenatal Exposure to Controlled Substances:* Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

*In the Event of a Client's Death:* In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

*Professional Misconduct:* Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

*Judicial or Administrative Proceedings:* Health care professionals are required to release records of clients when a court order has been placed.

*Minors/Guardianship:* Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

*Other Provisions:* When payment for services is the responsibility of the client, or a person who has agreed to provide payment, and payment has not been made in a timely manner, collection agencies may be utilized to

**Client Initials** \_\_\_\_\_



# ***CENTRAL PSYCHOLOGICAL SERVICES, LLC***

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collect debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the time-frame, and the name of the clinic or collection source.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed in these consultations. Some progress notes and reports are dictated/typed within the clinic or by outside sources specializing in (and held accountable for) such procedures.

In the event in which the clinic or mental health professional must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify us in writing where we may reach you by phone and how you would like us to identify ourselves on the *Client Information* form. For example, you might request that when we phone you at home or work, we do not say the name of the clinic or the nature of the call, but rather the mental health professional's name only.

*Your Rights:* You have the right to request to review or receive your health records. The procedures for obtaining a copy of your health information is as follows. You may

request a copy of your records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. The charge for this service is \$0.50 per page, plus postage.

You have the right to cancel a release of information by providing us a written notice. If you desire to have your information sent to a location different than your address in our files, you must provide this information in writing.

You have the right to restrict which information might be disclosed to others. However, if we do not agree with these restrictions, we are not bound to abide by them.

You have the right to request that information about you be communicated by other means or to another location. This request must be made to us in writing.

You have the right to disagree with the health records in our files. You may request that this information be changed. Although we might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your file.

You have the right to know what information in your record has been provided to whom. Request this in writing.

*Electronic Communications:* Email, telephone, voicemail, text, and telehealth are forms of communication you may choose to use, but cannot be guaranteed for privacy.

*Complaints:* If you have any complaints or questions regarding these procedures, please contact your clinician. We will get back to you in a timely manner. You may also submit a complaint to the U.S. Dept. of Health and Human Services and/or the respective Indiana Licensing Board. If you file a complaint we will not retaliate in any way.

I understand the limits of confidentiality, privacy practices, my rights, and their meanings and ramifications. I also certify that I have received a copy of these Privacy of Information Policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signed by:  client  guardian  personal representative

Client's name (please print): \_\_\_\_\_ Guardian's Name \_\_\_\_\_