



Psychiatric and Counseling Services

757.229.7927

HIPPA 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.

Family Living Institute has been and will always be totally committed to maintaining clients' confidentiality. We will only release healthcare information about you in accordance with federal and state laws and ethics of the psychiatric profession.

This notice describes our policies related to the use and disclosure of your healthcare information.

Uses and disclosures of your health information for the purposes of providing services

Providing treatment services, collecting payment and conducting operations are necessary activities for quality care. State and federal laws allow us to use and disclose your healthcare information for these purposes, even without your specific authorization.

TREATMENT We may need to disclose health information about you to provide, manage, or coordinate your care with other healthcare professionals involved in your care.

PAYMENT Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes.

HEALTHCARE OPERATIONS We may need to use information about you to review our treatment procedures and business activity.

Other uses or disclosures of your information do not require your consent. There are some instances where we may be required to use and disclose information without your consent. For example, but not limited to: 1) information about physical or sexual abuse of a minor, 2) if you provide information that you are in imminent and credible danger of harming yourself or others, 3) information to remind you of/or to reschedule appointments, 4) 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, 5) information about treatment of a minor if requested by a non-custodial parent.

CLIENTS' RIGHTS

Right to request how we contact you

It is our normal practice to communicate with you about such matters as appointment reminders at your home address and daytime phone number you provided us when you scheduled your appointment. Sometimes, we may leave messages on your voice mail. You have the right to request that our office communicates with you in a different way. Please document preferences on the *Client Biographical Form* completed in your initial visit to Family Living Institute.

Rights to release your medical records

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid if we have already acted in reliance to a previous authorization.

Right to inspect and copy your medical and billing records

You have the right to inspect and obtain a copy of the information contained in our medical records. To request access to your billing or health information, you must do so in writing to the office manager. Under limited circumstances, we may deny your request to inspect and copy the medical records. If you ask for a copy of any information, we may charge a reasonable fee for the cost of copying, mailing, and supplies.

Right to add information or amend your medical records

If you feel that information contained in your medical records is incorrect or incomplete, you may ask us to add information to amend the record. To request an amendment, you must contact the office manager. We will require you to submit your request in writing and to provide an explanation concerning the reason for your request. We will make a decision on your request within 90 days. Under certain circumstances, we may deny your request to add or amend information. If we deny your request, you have the right to file a statement that you disagree. Your statement and our response will be added to your record.

Right to an accounting of disclosure

You have the right to request an accounting of disclosures of releases we have made to others.

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 in writing and submitted to our office manager. However, we are not required to agree to such a request and we will tell you if we do not.

Right to complain

If you believe your privacy rights have been violated, please contact your individual provider or office manager 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 Services. An individual will not be retaliated against for filing such complaint.

Rights to receive changes in policy

You have the right to receive any future policy changes secondary to changes in state and federal laws. This can be obtained from the office manager.