



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and my professional ethics. Because the rules are so complicated some parts of this Notice are very detailed and you probably will have to read them several times to understand them. If you have any questions, as the Privacy Officer, we will be happy to help you understand my procedures and your rights.

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A. Introduction – To our Clients

This Notice will tell you how we handle your medical information. It explains how we use this information here in this office, how we share it with other professionals and organizations, and how you can obtain it. We want you to know all of this information so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about any portion of this Notice, do not hesitate to ask the Privacy Officer (as noted in Section F) for an explanation, or more details.

B. What is meant by “Your Medical Information”

Each time you visit us at Children’s Counseling Center of Hershey, or any other “**healthcare provider**” such as a doctor; hospital; specialist; or clinic, information is collected about you and your physical and mental health. It might be information about your past, present concerns, or future wellbeing. The information might also include tests and treatment you have previously received from us, or from others, as well as information regarding payment for services received. The information collected from you is legally defined as “**Protected Health Information**” (“PHI”). This information is placed into your **medical or healthcare records** at each healthcare provider’s location.

In this office, your PHI typically includes:

- **Personal Identifiable Information** (“PII”) such as race, ethnicity, gender, sexual orientation, or religious beliefs;
- a personal background relating to your childhood, school, work, or marital status;
- reasons you have come for treatment such as problems, complaints, symptoms, or needs;
- “**medical diagnoses**” which is the medical term for your problems or symptoms;
- a “**treatment plan**” which might include a list of the treatments and any other services which we think will be best suited to help you;
- “**progress notes**” which are personal notes we might take about how you are doing, what we notice about you, and what you tell us;
- records we get from others who treated or evaluated you;
- psychological test scores, school records, and other reports;
- information about medications you have taken or are presently taking;
- legal matters which you might be involved in; and
- billing and insurance information.

This list is merely a sample of common types of PHI collected at our office; however, it is not an all-inclusive list and there may be other kinds of information that goes into your healthcare records at our office.

We use this information for many purposes. For example, we may use it:

- to plan your care and treatment;
- to decide how well our treatments are working for you;

- when we talk with other healthcare professionals who are also treating you, such as your family doctor, or the healthcare provider who referred you to us;
- to document and confirm that you received services from us, which were billed to you, or to your health insurance company;
- for teaching and training other healthcare professionals;
- for public officials trying to improve health care in this area of the country; and
- to improve the way we do our job, by measuring the results of our work.

When you understand what is in your healthcare records, as well as what it they are used for, you can make better decisions about who, when, and why others should have this information.

Although your healthcare record is in the physical possession of the healthcare provider that collected it, the information belongs to you. You can read it and, if you want a copy, we can make one for you (but may charge you for the costs of copying and delivery). In very rare situations, some information may be withheld from you (or “redacted”) for your benefit. If you find anything in your records that you think is incorrect, or believe that something important is missing, you can ask us to amend your record; however, in some instances, we may not agree to do so. Additional detail about the reasons for redacting information or refusing an amendment can be provided upon request.

C. Privacy and the Laws about Privacy

We are also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). HIPAA requires us to keep PHI private and to give you this notice of our legal duties and our privacy practices, which is called a **Notice of Privacy Practices** (“NPP”). We will obey the rules of our NPP as long as it is in effect, but if we change it, the rules of the new NPP will apply to all of the PHI we keep. If we change our NPP, we will post it in our office in a noticeably visible location. You or anyone else can also get a copy from us at any time.

D. How PHI can be Used and Shared

It might seem obvious, but when your PHI is read by your therapist or others in this office and used by us to make decisions about your care, that is legally defined as a “**use**.” If the information is shared with, or sent to others, outside this office, that is legally defined as a “**disclosure**.” Except in some special circumstances, generally, when we use your PHI here or disclose it to others we will share only the **minimum PHI necessary** for those individuals receiving your PHI to be able to do their jobs. The law gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed.

We use and disclose PHI for several reasons. Mainly, we will use and disclose your PHI for routine purposes to provide for your care, as described below. For some uses, we are required to tell you about them and have a written Authorization from you; in other instances, the law may permit – or even require – that we make a disclosure without your authorization. The law also says that there are some uses and disclosures that do not need your consent or authorization.

1. Uses and Disclosures of PHI, with Consent

After you have read this Notice you will be asked to sign a separate **Consent Form** to allow us to use and disclose your PHI. The vast majority of instances where we will use or disclose your PHI fall into three categories: 1) to provide **treatment** to you; 2) to arrange for **payment** for services you receive; and 3) for some other business functions called **healthcare operations**. Together these three categories of routine purposes are referred to as “**TPO**.” The Consent Form allows us to use and disclose your PHI for TPO. Read this section carefully as the explanation provided is very important.

a. Use and Disclosure for TPO

We need information about you and your condition to provide care to you. It is absolutely necessary that you agree to let us collect PHI and to use it, and share it, to care for you properly. Therefore, you must sign the Consent form before we begin treatment. **If you do not agree, we cannot treat you.**

For treatment

We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of our services.

We may share or disclose your PHI to others who provide treatment to you. For instance, we are likely to share your information with your personal physician. We share your PHI so that the services you receive from them will work with the services you receive from us. We coordinate care so that all the necessary information is considered before a Treatment Plan is developed and implemented. We may also refer you to other professionals or consultants for services that we cannot provide. When we do this, we need to tell them some things about you and your conditions. We may also receive their findings and opinions, and will include this information in our records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are just some examples so that you can see how we use and disclose your PHI for treatment.

For payment

We may use or disclose your PHI to bill you, your insurance, or third parties, so we can be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we meet, your progress, and any other information they would require.

For healthcare operations

There are a few other ways we may use or disclose your PHI for what are called healthcare operations. For example, we may use your PHI to see where we can make improvements in care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send. Other healthcare operations might include:

Appointment Reminders. We may use and disclose medical information to reschedule or remind you of appointments for treatment and other care. If you want us to call or write to you only at your home or your work in some specific fashion, we are typically able to make these accommodations; just tell us.

Treatment Alternatives. We may use and disclose your PHI to tell you about, or recommend, possible treatments or alternatives that may be of help to you.

Other Benefits and Services. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

2. Uses and Disclosures of PHI, with Authorization

If we want to use your information for any purpose besides the TPO described above, we need your permission on an **Authorization Form**. We do not expect to need this very often.

If you do authorize us to use or disclose your PHI, **you can “revoke” that permission, in writing, at any time.** After that time, we will not use or disclose your information, as requested. Of course, we cannot take back any information which was already disclosed at a time when we had your permission, or that we have used in our office.

3. Uses and Disclosures of PHI, without Consent or Authorization

The law permits us to use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when we might share your information without your Consent or Authorization.

a. When Required by Law

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

- We have to report suspected child abuse.
- 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 trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- We have to disclose your PHI to the government agencies which review our actions, to confirm that we are obeying the applicable privacy laws.

b. For Law Enforcement Purposes

We may release your PHI if asked to do so by a law enforcement official to investigate a crime.

c. For Specific Government Functions

We may disclose your PHI to government benefit programs relating to eligibility and enrollment, such as if you are military personnel or a veteran. We may disclose your PHI to Workers Compensation and Disability Programs, to correctional facilities (if you are an inmate), and for national security reasons.

d. To Prevent a Serious Threat to Health or Safety

If we come to 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.

4. Uses and Disclosures Where You Have an Opportunity to Object

We can share some of your PHI with your family or others who are close to you. We will only share information with those involved in your care and anyone else you *choose*, such as close friends or clergy. We will ask you about who you want us to tell and what information about your condition or treatment you want us to include. We will honor your wishes as long as it is not against the law.

If it is an emergency – so we are unable to ask if you object – we can share PHI if we believe that it is what you would have wanted, and if we believe it will help you if we do. If we do share PHI in an emergency we will tell you about the disclosure as soon as we can. If you do not approve of the disclosure, we will stop, provided it is not against the law.

5. An Accounting of Disclosures

When we disclose your PHI, we may keep some records of whom we sent it to, when we sent it, and what we sent. You can get a list, also called an “accounting,” of any recorded disclosures.

E. Your Rights Regarding Your Health Information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to comply with your instructions.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we do not have to agree to your request, if we do agree, we will comply with these arrangements except if it is determined to be against the law, in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can get a copy of these records, but we may charge you to make any copies. Contact our Privacy Officer to arrange to see your records.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make changes (called “amendments”) to your health information. You must make this request in writing and send it to our Privacy Officer. You must also include the reasons for making the changes, otherwise the changes might not be made.
5. You have the right to a copy of this Notice. If we change our NPP, we will post the new version in a noticeably visible location and you can always get a copy of the NPP from our Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint the Secretary of the Department of Health and Human Services. File a copy of your complaint with our Privacy Officer. These complaints must be in writing. The filing of a complaint will not change the healthcare we provide to you in any way.

You may also have other rights which are granted to you by the laws of the Commonwealth of Pennsylvania, and these may be the same or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

F. Privacy Officer

If you need more information or have questions about the privacy practices described above, please speak to Sara Czuchnicki, our designated Privacy Officer. She can be reached by phone at (717) 559-5045 or email at sara@cccoph.com

The effective date of this Notice is April 18, 2022.

Adapted from Edward Zuckerman’s (2006) book entitled *HIPAA Help*, published by Three Wishes Press