

## **WORCESTER YOUTH & FAMILY COUNSELING SERVICES, INC.**

### **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.**

#### Understanding your health record

A record is made each time your visit a hospital, physician or other health care provider. Your symptoms, examination and test results, diagnosis, treatment and a plan for future care are recorded. This information is most often referred to as your “health or medical record”, and serves as a basis for planning your care and treatment. It also serves as a means of communication among any and all other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will help you to ensure its accuracy and enable you to relate to who, when, where, and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your medical information to others. Use or disclosure of your health information will follow the more stringent of State or Federal laws.

#### Understanding your health information rights

Your health record is the physical property of the health care practitioner or facility that compiled it, but the content is about you, and therefore belongs to you. You have the right to request restrictions on certain uses and disclosures of your information, and to request that amendments be made to your health record. Your rights include being able to review or obtain a paper copy of your health information (PHI), and to receive an accounting of the disclosures we have made of your PHI for most purposes other than treatment, payment or health care operations. Other disclosures excluded are direct disclosures to yourself, family or friends involved in your case. Other than activity that has already occurred you may revoke any further authorization to use or disclose your health information. You may also request communications of your health information to be made by alternative means or to alternative locations.

#### Our responsibilities

This office is required to maintain the privacy of your health care information and to provide you with notice of legal commitment and privacy practices with respect to the information we collect and maintain about you. This office is required to abide by the terms of this notice and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your health information by alternative means or to alternative locations.

This office reserves the right to change its practices and effect new provisions that enhance the privacy standards of all patient information. In the event that changes are made, this office will notify you at the current address provided on your medical file.

Other than for reasons described in this notice, this office agrees not to use or disclose your health information without your authorization.

To receive additional information or report a problem

For further explanation of this notice you may contact Tracy Arthur at 410-641-4598. If you believe your privacy rights have been violated, you have the right to file a complaint with this office by contacting the individual listed above, or by contacting the Secretary of Health and Human Services, with no fear of retaliation by this office.

Your health information will be used for treatment, payment and health care operations

**Treatment** – Information obtained by your health care practitioner in this office will be recorded in your medical record and used to determine the course of treatment that should work best for you. This consists of your Therapist recording his/her own expectations and those of others involved in providing your care. The sharing of your health information may progress to others involved in your care, such as specialty physicians or lab technicians.

**Payment** – Your health care information will be used in order to receive payment for services rendered by this office. A bill may be sent to either you or a third party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used.

**Health Care Operations** – The clinical staff in this office will use your health information to assess the care you received. Your information may be reviewed by the Clinical Director in our efforts to continually improve the quality and effectiveness of the care and services we provide.

Understanding our office policy for specific disclosures

- **Business Associates** – Some or all of your health care information may be subject to disclosure through contracts for services to assist this office in providing health care. For example, it may be necessary to obtain specialized assistance to process certain laboratory tests or radiology images. To protect your health information, we require these business associates to follow the same standards held by this office through terms detailed in a written agreement.
- **Notification** – Your health record may be used to notify or assist family members, personal representatives, or other persons responsible for your care to enhance your well being or your whereabouts.
- **Communications with family** – Using best judgment, a family member, or close person friend, identified by you, may be given information relevant to your care and/or recovery.
- **Funeral Directors** – Your health information may be disclosed consistent with laws governing mortician services.
- **Organ Procurement Organizations** – Your health information may be disclosed consistent with laws governing entities engaged in the procurement, banking, or transplant or organs for the purpose of tissue donation or transplant.

- **Marketing** – This office reserves the right to contact you with appointment reminders or information about treatment alternatives and other health related benefits that may be appropriate to you.
- **Fund Raising** – This office reserves the right to contact you as part of fund raising efforts.
- **Patient Directory (typically applicable to inpatient settings)** – Unless you object, this facility will use your name, room number, general condition, and religious affiliation for directory purposes. This information will be made available to clergy, and others who ask for you by name.
- **Research (typically applicable to inpatient settings)** – Your information will be disclosed to researchers upon Institutional Review Board approval, and upon the assurance that established protocol to ensure the privacy of your health information has been obtained.
- **Food and Drug Administration (FDA)** – This office is required by law to disclose health information to the FDA related to any adverse effects of food, supplements, products, and product defects for surveillance to enable product recalls, repairs, or replacements.
- **Worker's Compensation** – This office will release information to the extent authorized by law in matters of worker's compensation.
- **Public Health** – This office is required by law to disclose health information to public health and/or legal authorities charged with tracking reports of birth or morbidity. This office is further required by law to report communicable disease, injury, or disability.
- **Correctional Facilities** – This office will release medical information on incarcerated individuals to correctional agents or institutions for the necessary welfare of the individual or for the health and safety of other individuals. The rights outlined in this Notice of Privacy Practices will not be extended to incarcerated individuals.
- **Law Enforcement** – (1) Your health information will be disclosed for law enforcement purposes as required under state law or in response to a valid subpoena. (2) Provisions of federal law permit the disclosure of your health information to appropriate health oversight agencies, public health authorities, or attorneys in the event that a staff member or business associate of this office believes in good faith that there has been unlawful conduct or violations or professional or clinical standards that may endanger one or more patients, workers, or the general public.

**Notice of Privacy Practices Availability:**

The terms described in this notice will be posted where registration occurs. All individuals receiving care will be given a hard copy.

**Patient Comments:**

---

---

---

---

---

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date