

NOTICE OF PRIVACY PRACTICES

Siouxland Child & Adolescent Therapy Services, LLC SIOUX FALLS, SOUTH DAKOTA

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

If you have any questions, please contact our Privacy Officer at the address of phone number at the bottom of this notice.

This notice describes how we will use and disclose your protected health information. The policies outlined in this Notice apply to all of your health information generated by this Organization, whether recorded in your medical record, invoices, payment forms, or other ways. Similarly, these policies apply to the protected health information gathered from other Organizations by any health care professional, employee or volunteer who participates in your case.

Who will follow this notice?

- All employed associates, staff or volunteers of our organization, with whom we may share information
- Any credentialed mental health professional who provides service through our facility
- All professional staff involved in your treatment and employees involved in billing and the health care operations of our agency
- Any business associate (third party that utilizes patient information on our behalf)

Our Pledge to you:

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by agency staff or your mental health provider. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices as it relates you medical information about you.
- Follow the terms of the notice that is currently in effect.

Changes to this Notice:

We may change our policies at any time. Changes will apply to the medical information we already hold, as well as new information after the change occurs. You can receive a copy of the current notice at any time. The Notice will also be posted on our website at gppssf.com. The effective date is listed just below the title. Upon your initial visit you will be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you.

We may use and disclose medical information about you:

- **For Treatment** (For example, information obtained by a therapist will be recorded in your record and used to determine the course of treatment.)
- **For Payment** (such as sending billing information to your insurance company, or a third party collection agency.)
- **For Health Care Operations** (For example, treatment records may be reviewed to make sure all of our clients receive quality care.)

Siouxland Child & Adolescent Therapy Services, LLC may use or disclose protected health information **without** your prior authorization for several other reasons in certain situations such as:

- For **abuse, neglect or domestic violence** reporting.
- **To Prevent a Serious Imminent Threat to Health or Safety.** If we believe that a disclosure of confidential information is necessary to protect against clear and substantial risk of imminent harm being inflicted by you on yourself or another person, we may disclose such information to those persons who would address such a problem (i.e., the police or the potential victim).
- **Mental Health Oversight Activities** such as licensing, auditing or inspection agencies authorized by law
- For **Judicial or Administrative Proceedings**, such as lawsuits or other legal proceedings in response to a court order, subpoena, qualified protective order or discovery request.
- For **Worker's Compensation purposes.** We may use or disclose medical information about you for Worker's Compensation or similar programs as required by law.
- When **required by law.**
- Under certain circumstances **for law enforcement purposes.**
- **Inmates.** If you are an inmate or a correction institution or under the custody of law enforcement officials, we may release information about you to the correctional institution as authorized by law.

- **Military and Veterans.** If you are or were a member of the armed forces, we may release information about you to military command authorities as required or authorized by law.
- For **research** studies that have been evaluated and approved through a research approval process that takes into account patients' need for privacy

We also may contact you for:

- **Appointment reminders**
- To tell you about or recommend possible **treatment options, alternatives, health-related benefits or service** that may be of interest to you.

Other uses of medical information:

We will obtain your authorization to disclose your information for most uses and disclosures of psychotherapy notes or any other situation not covered by this notice. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing about your decision. After that time, we will not use or disclose your information for the purposes that we agreed to. You may not revoke an authorization to the extent that (1) we have already acted upon that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Your Health Information Rights:

You have the following rights with respect to your medical information we maintain about you.

- **Right to inspect or obtain a copy of medical information when you submit a written request.** If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If we deny your request to review or obtain a copy, you may submit a written request for review of that decision. If you are denied access to medical information, you may request that the denial be reviewed by another licensed mental health professional chosen by Siouxland Child & Adolescent Therapy Services, LLC. Siouxland Child & Adolescent Therapy Services, LLC will comply with the outcome of the review.
- **Right to confidential communications:** Normally, we will communicate with you at the address and phone number you provide to us. You may ask us to communicate with you by other ways or at another location. Your request needs to explain how you want the information communicated and where. We will agree to your request if it is reasonable. If you restrict us from providing information to your insurer, you will need to make payment arrangements with our business office.
- **Right to Amend:** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing that provides your reason for requesting the amendment. We may deny your request to amend a record if the information was not created by us, unless person or entity that created the information is no longer available to make the amendment; if it is not part of the medical information kept by Siouxland Child & Adolescent Therapy Services, LLC ; if we determine that the record is accurate, or for other reasons provided by State Law.
- **Right to an Accounting of Disclosures:** You may request a list of the disclosures of your mental health information that have been made to persons or entities, other than for treatment, payment or health care operations. To request this list, you must submit your request in writing to the Director of Medical Records. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request in a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- **Right to Restrict Disclosures When You Have Paid for Your Care of Out-Of-Pocket.** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for health care services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI.** You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) the risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- **Right to a Paper Copy of This Notice:** If this notice was sent electronically, you have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Questions or Complaints

If you have questions or believe your privacy rights have been violated, you may contact our Privacy Officer at the location noted below. You may also contact the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Siouxland Child & Adolescent Therapy Services, LLC
3700 S Kiwanis Ave, Suite 4
Sioux Falls, SD 57105

The U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201