

HARP Christian Counseling, Inc.

NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS

THIS NOTICE DESCRIBES HOW TREATMENT INFORMATION ABOUT CLIENTS MAY BE USED AND DISCLOSED AND HOW CLIENTS CAN GET ACCESS TO THEIR INFORMATION. PLEASE REVIEW THIS CAREFULLY.

We respect client confidentiality and only release confidential information about clients in accordance with state and federal law. This notice describes our policies related to the use of the records generated by this agency.

Privacy Contact. If you, the client, have any questions about this policy or your rights, please contact Lora Williams, Executive Director, at HARP, P.O. Box 1775, Clayton, NC 27528.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide client services, there are times when we will need to share confidential information with others beyond our office. This includes for:

Treatment. We may use or disclose treatment information about clients to provide, coordinate, or manage care or any related services, including sharing information with others outside our office that we are consulting with or referring the client to.

Payment. If necessary, information may be used to obtain payment for the treatment and services provided. This will include contacting the client's guarantor, a third party collection agency, or health insurance company for prior approval of planned treatment, insurance verification, or for billing purposes.

Healthcare Operations. We may use information about the client to coordinate our business activities. This may include setting up appointments, reviewing treatment care, training staff, and/or accreditation surveys.

Right to Restrict Disclosure of Certain Protected Health Information. You have the right to request a restriction on disclosures of your protected health information (PHI) if: (A) the disclosure is to a health plan for purposes of carrying out payment or health care operations; and (B) the PHI relates to a health care item or service for which the provider has already been paid by you in full.

Right to Accounting of Electronic Health Records. If a covered entity maintains an electronic health record about you, you have the right to (A) obtain a copy of the information in electronic format and (B) tell the covered entity to send the copy to a third party. We may charge you a reasonable fee for the costs of sending the electronic copy of your health information.

Information Disclosed Without Client Consent. Under state and federal law, information about clients may be disclosed without client consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency the client is facing.

Follow-Up Appointment. We may be contacting the client to remind him/her of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to the client. We will leave appointment information on the client's answering machine unless instructed

otherwise.

As Required by Law. This would include situations where we have a subpoena, court order, or are mandated to file a report, such as in the case of suspected abuse and/or neglect to a child or elder.

Coroners. We are required to disclose information about the circumstances of a client's death to a coroner who is investigating it.

Governmental Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others. If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe someone is in imminent danger.

CLIENTS HAVE THE FOLLOWING RIGHTS UNDER STATE AND FEDERAL LAW

Copy of Record. Clients are entitled to inspect records produced by Hope and Restoration Pathways. We may charge clients a reasonable fee for copying and mailing the record to them or for reviewing the record in person with the attending clinician.

Release of Records. Clients may consent in writing to release their records to others, for any purpose they choose. This could include an attorney, employer, or others who the client wishes to have knowledge of his/her care. We may charge the client or the requester a reasonable fee for copying and mailing their record.

Restriction on Record. The client may ask us not to use or disclose part of the clinical information. This request must be in writing. HARP is not required to agree to this request if we believe it is in the client's best interest to permit use and disclosure of the information. This request should be given to the Executive Director, Lora Williams, HARP, P.O. Box 1775, Clayton, NC 27528.

Contacting the Client. The client may request that we send information to another address or by alternative means. We will honor such a request as long as it is reasonable and we are assured it is correct.

Amending Record. If the client believes something in their record is incorrect or incomplete, they may request to have the record amended by writing to the Executive Director, Lora Williams, HARP, P.O. Box 1775, Clayton, NC 27528, detailing the requested amendment.

Accounting for Disclosures. Clients may request an accounting of any disclosures we have made related to their confidential information, except for information we used for treatment, payment, or health care operations purposes; information that we shared with the client or their family; or information that the client gave us specific consent to release. A written request should be made to the Executive Director, Lora Williams, P.O. Box 1775, Clayton, NC 27528. We will notify the client of the cost involved in preparing this list.

Questions and Complaints. If clients have complaints regarding services rendered by HARP staff, this should be communicated in writing to the Executive Director, Lora Williams, and P.O. Box 1775, Clayton, NC 27528. Clients also may complain to the Secretary of the U.S. Department of Health and Human Services if they believe HARP has violated their privacy rights. We will not retaliate against a client for filing a complaint.

Changes in Policy. HARP reserves the right to change its Privacy Policy based on the needs of the organization or as a result of changes in state and federal law.

CLIENT RIGHTS STATEMENT

The following rights are extended to each client receiving services at HARP, and are applicable to all ages without reservation or limitation:

1. The right of confidentiality. The client has the right to every consideration of privacy concerning his or her treatment. All case discussion, consultation, communications, records, and medical information pertaining to his or her care will be treated as private and confidential. Records may only be inspected or removed from the program office with administrative approval and written authorization of the client, or by law or court process. All communications and records pertaining to his/her care will be treated as confidential, except in cases such as suspected abuse and public health hazards (i.e. potential for violent or criminal activity toward self or another) when reporting is permitted or required by law.
2. The right to have impartial access to treatment regardless of age, psychological characteristics, physical condition, race, religion, gender, ethnicity, marital status, HIV status, criminal record, or source of financial support.
3. The right to have personal dignity recognized and respected in the provision of all care and treatment.
4. The right to religious freedom.
5. The right to receive individualized treatment including the provision of an individualized treatment plan based upon information of all assessments, active participation in the development of the treatment plan by the client with periodic review of the plan by staff, and implementation and supervision of the plan by qualified professional staff.
6. The right to make decisions about the treatment plan prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and to be informed of the consequences of this action.
7. The right to know the immediate and long-term financial implications of treatment choices, in so far as they are known.
8. The right to obtain from their clinician, or other staff involved in their care, relevant, current, and understandable information concerning diagnosis, treatment, and prognosis. The right to review the records pertaining to his/her treatment and to have the information explained or interpreted as necessary, except when restricted by law. If the client requests a copy of his/her records, we may charge the client a reasonable fee for copying and mailing the record.
9. The right to know the credentials of clinicians involved in the care provided, as well as when those involved are students, interns, or other trainees.
10. The right to assurance and protection of privacy and confidentiality of communication with treatment staff, and of material written in the client's individualized record.
11. The right to be presumed mentally competent unless a court has ruled otherwise.
12. The right to be free from mistreatment, abuse, neglect, and exploitation.
13. The right to know that 911 will be called when a client is aggressive, combative, or dangerous, and staff perceives a volatile or threatening situation.
14. The right to know that HARP offices are tobacco-free.
15. The right to know that no illicit drugs are to be brought to HARP offices. Legal drugs are allowed and clients should take precautions to maintain the security of any legally prescribed medications brought with them to the offices. Clients are required to keep their purses and/or medication on their persons and not to leave them unattended.

16. The right to expect reasonable continuity of care when appropriate and to be informed by clinicians and other caregivers of available and realistic client care options. The client will be fully informed of any recommendations for transition to another level of care with information as to why staff feels this transition to be appropriate. This is done during treatment planning with the client.
17. The right to be informed that HARP has the right to terminate care with a 30 day written notification given to the client with a listing of referrals for continuity of care.
18. The right to initiate a complaint or grievance, with the assurance of no retaliation. Complaints and grievances should be submitted in writing to the Executive director, Lora Williams, P.O. Box 1775, Clayton, NC 27528.

Complaints against HIPAA covered entities believed to be noncompliant with HIPAA Privacy Rule must be in writing, and directed to the Secretary of Health of Human Services, and meet the following requirements:

- Be filed in writing, either on paper or electronically;
- Name the entity that is the subject of the complaint and describe the acts or omission believed to be in violation of the applicable requirements;
- Be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the OCR for good cause shown;

Mailed complaints must be addressed to the OCR regional office that is responsible for matters relating to the Privacy Rule arising in the State or jurisdiction where the covered entity is located.

For additional information on filing a complaint or to use the Health Information Privacy Complaint Package visit the Human Health Services web page at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.