HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT) 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.

It is the legal duty of this agency to safeguard your Protected Health Information (hereafter referred to as PHI). By law, Resiliency Center (Resiliency Center) is required to ensure that your PHI is kept private. The PHI constitutes the information created or noted by the Resiliency Center that can be used to identify you. It contains data about your past, present or future health or condition, the provision of health care services to you, or the payment for such health care. Resiliency Center is required to provide you with this NOTICE about our privacy procedures. This NOTICE must explain when, why and how Resiliency Center would use and/or disclose your PHI. Use of PHI means Resiliency Center, through a clinician, trainee, or other staff member, shares, applies, utilizes, examines, or analyzes information within the functions of the Resiliency Center. PHI is disclosed when Resiliency Center releases, transfers, gives, or otherwise reveals it to the third party outside the Resiliency Center. With some exceptions, Resiliency Center may NOT use or disclose more of your PHI than is absolutely necessary to accomplish the purpose for which the use of disclosure is made. However, Resiliency Center is always legally required to follow the privacy policies described in this NOTICE.

PLEASE NOTE: Resiliency Center reserves the right to change the terms of this NOTICE and our privacy policies at any time, as permitted by law. Any changes will apply to the PHI already on file with the Resiliency Center. Before any important changes are made to the privacy policies of the Resiliency Center, you will be notified; furthermore, when such changes are made, Resiliency Center will post a new copy of the policies at the front desk of each clinical site.

Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent. The Resiliency Center can use and disclose your PHI without your Authorization for the following reasons:

1. **For your treatment**. The Resiliency Center, through your therapist or other staff member, can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, the therapist can disclose your PHI to him or her to help coordinate your care, although our preference is for you to give us an Authorization to do so.

2. **To obtain payment for your treatment**. The Resiliency Center, through your therapist or other staff member, can use and disclose your PHI to bill and collect payment for the treatment and services provided by us to you. For example, your PHI can be sent to your insurance company to get paid for the health care services that we have provided to you, although our preference is for you to give us an Authorization to do so. This includes Medi-Cal, Victims of Crime, and other possible insurers.

3. **Other Disclosures:** Your consent is not required if you need emergency treatment, provided that Resiliency Center staff attempts to get your consent before treatment is rendered. In the event that Resiliency Center staff tries to get your consent but you are unable to communicate with them (for example, if you are unconscious or is severe pain), and the staff feels you would consent to such treatment if you could, then the staff may disclose your PHI and obtain retroactive consent.

Certain Uses and Disclosures Require Your Authorization.

1. **Psychotherapy Notes**. The Resiliency Center, through your therapist or other staff member, keeps "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

1. For our use in treating you.
2. For our use in training or supervising other mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
3. For our use in defending the Resiliency Center in legal proceedings instituted by you.
4. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
5. Required by law, and the use or disclosure is limited to the requirements of such law.
6. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
7. Required by a coroner who is performing duties authorized by law.
8. Required to help avert a serious threat to the health and safety of others.

2. **Marketing Purposes**. The Resiliency Center, through your therapist or other staff member, will not use or disclose your PHI for marketing purposes**,** unless authorized by patient.

3. **Sale of PHI**. The Resiliency Center, through your therapist or other staff member, will not engage in any sale of your PHI in the regular course of my business.

Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations in the law, the Resiliency Center, through your therapist or other staff member, can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on the Resiliency Center's premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including**,** ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. The Resiliency Center, through your therapist or other staff member, may use and disclose your PHI to contact you to remind you that you have an appointment. The Resiliency Center, through your therapist or other staff member, may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Disclosures to family, friends, or others**. The Resiliency Center, through your therapist or other staff member, may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask your therapist not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Your therapist is not required to agree to your request, and may say "no" if they believe it would affect your health care.**
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.**
3. **The Right to Choose How Your Therapist Sends PHI to You. You have the right to ask your therapist to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and can agree to all reasonable requests.**
4. **The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that your therapist has about you.**

   Your therapist will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and may charge a reasonable, cost based fee for doing so.

5. **The Right to Get a List of the Disclosures I Have Made.**
   You have the right to request a list of instances in which the Resiliency Center, through your therapist or other staff member, have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided with an Authorization.

   Your therapist will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list given to you will include disclosures made in the last six years unless you request a shorter time. The list will be provided to you at no charge, but if you make more than one request in the same year, you will be charged a reasonable cost based fee for each additional request.

6. **The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that the existing information be corrected or add the missing information. The therapist may say "no" to your request, but will tell you why in writing within 60 days of receiving your request.**
7. **The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.**

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, you may file a complaint with the Resiliency Center, our address and phone number is

3845 N Clark St., Suite 201, Fresno, CA, 93726

(559) 492-2266

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. **Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;**
2. **Calling 1-877-696-6775; or,**
3. **Visiting www.hhs.gov/ocr/privacy/hipaa/complaints.**

We will not retaliate against you if you file a complaint about our privacy practices.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 20, 2013.

Resiliency Center | First Responders for Children Impacted by Emotional Trauma

ACKNOWLEDGMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY POLICIES

I, _____, have received a copy of the HIPAA Notice of Privacy Policies for Protected Health Information, as it pertains to the clinical counseling services of the Resiliency Center.

_____ _____

Client Signature Date

_____

Parent/Guardian Signature

It is your right to refuse to sign this document.

FOR OFFICE USE ONLY

The reason that a standard acknowledgment (such as above) of the receipt of HIPAA Notice Of Privacy Policies for Protected Health Information was NOT obtained:

_____Client/guardian refused to sign.

_____Communication/understanding barriers prevented obtaining the acknowledgement.

_____An emergency situation interfered with obtaining the acknowledgement.

_____OTHER: _____