

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW **PROTECTED HEALTH INFORMATION (PHI)** ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you— including information that may identify you, and that relates to your past, present or future physical or mental health or condition, and to related health care services— is referred to as **Protected Health Information (PHI)**.

* This **Notice of Privacy Practices** describes how ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION may use and disclose your PHI in accordance with applicable law, and with the *National Association of Social Workers (NASW) Code of Ethics*.

* It also describes your rights regarding how you may gain access to and control your **PHI**.

* Treatment providers are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to **PHI**.

* ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION is required to abide by the terms of this **Notice of Privacy Practices**.

* ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION reserves the right to change the terms of this **Notice of Privacy Practices** at any time.

* Any new Notice of Privacy Practices will be effective for all **PHI** that is maintained at that time.

* You will be provided with a copy of any revised **Notice of Privacy Practices**.

HOW TREATMENT PROVIDERS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment. Your **PHI** may be used/ disclosed by those involved in your care for the purpose of providing, coordinating, or managing your treatment and related services. This includes consultation with clinical supervisors or treatment team members. Your **PHI** may be disclosed to any other consultant only with your authorization.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

For Payment. Treatment providers may use and disclose **PHI** in order to receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits; processing claims with third party payers (such as your insurance company or the Victims of Crime program); reviewing services provided to you to determine medical necessity; or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, your treatment provider(s) will only disclose the minimum amount of **PHI** necessary for purposes of collection.

For Health Care Operations. Your treatment providers may use or disclose, as needed, your **PHI** in order to support business activities including, but not limited to: quality assessment activities, licensing, and conducting or arranging for other business activities. For example, we may share your **PHI** with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your **PHI**. For training or teaching purposes **PHI** will be disclosed only with your authorization.

Required by Law. Under the law, treatment providers must make disclosures of your **PHI** to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining the provider's compliance with the requirements of the Privacy Rule.

Without Authorization. Applicable law and ethical standards permit treatment providers to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those:

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- **Required by Law:** your PHI may be disclosed to a state or local agency that is authorized by law to receive reports of child abuse or neglect, in accordance with mandatory reporting laws; or in response to mandatory government agency audits or investigations (eg: by social work licensing board);
- **Required by Court Order:** your PHI may be disclosed pursuant to a subpoena (with your written consent), court order, administrative order or similar process;
- **Necessary to prevent or lessen a serious and imminent threat** to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission. Treatment providers may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Written Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding **PHI** maintained in conjunction with your treatment by ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION. To exercise any of these rights, please submit your request in writing to: **Katya Kosarenko, LCSW, ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION, 1923 1/2 Westwood Blvd., Suite #2, Los Angeles, CA 90025.**

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy **PHI** that may be used to make decisions about your care. Your right to inspect and copy **PHI** will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. You may be charged a reasonable, cost-based fee for copies.

Right to Amend. If you feel that the **PHI** maintained by your treatment provider is incorrect or incomplete, you may ask for the information to be amended, although the provider is not required to agree to the amendment.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that are made of your **PHI**. You may be charged a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your **PHI** for treatment, payment, or health care operations. The provider is not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that your treatment provider communicate with you about medical matters in a certain manner or location.

Right to a Copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing directly to me, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **You will not be retaliated against for filing a complaint.**

The effective date of this Notice is August 20, 2014.