

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective April 14, 2003

1. PURPOSE: Creative Directions Counseling, and its professional staff, employees and trainees follow the privacy practices describes in this Notice. Your protected information will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment all professional staff involved in your treatment and employees involved in the health care operations of the agency may have access to your records.

2. WHAT ARE TREATMENT AND HEALTH CARE OPERATIONS? Your treatment includes sharing information among mental health care providers who are involved in your treatment. For example, if you are seeing both a physician (psychiatrist) and a psychotherapist, they may share information in the process of coordinating your care. Treatment records may be reviewed as part of an on-going process directed toward assuring the quality of Agency operations.

3. HOW IS MY INFORMATION USED? The record that is maintained will be designated as your protected health record and may include the following: information pertaining to medication prescription and monitoring; counseling session start and stop times; the modalities and frequencies of treatment furnished; results of clinical tests and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date. Some clinicians may maintain separate "psychotherapy notes." These notes contain more sensitive and personal information than the progress notes and could include the following: notes recorded in any medium by a mental health provider documenting or analyzing the contents of a conversation during a private, group, joint or family counseling session, and that are separated from the rest of the individual's medical record. Psychotherapy notes are not a part of your designated mental health record and as such will not be released to other entities without special permission and for therapeutic reasons may not be available for release to clients. Tape recordings or other types of electronic recording are not part of your protected mental health record.

Your personal mental health record will be retained for approximately six years after your last clinical contact with the agency. After that time has elapsed, the record will be shredded or burned or otherwise destroyed in a way that protects your privacy. Until the records are destroyed information revealed by you will be kept confidential except under the following conditions:

A. We may disclose your information electronically, or by other means, to third parties, such as insurance companies, in order to collect payment. All information provided to a third party is expected to remain confidential.

B. Third-party payers may request that we give evidence of services provided. For that purpose, we allow them to inspect treatment and other records. Your health information may be requested and reviewed by auditors as part of that process. The information that auditors review is expected to remain confidential.

C. We reserve the right to seek supervision and consultation from professional colleagues within our agency, which will aid us in our work with you. These colleagues, also, will treat your information as confidential. Information discussed in consultation may include protected mental health information.

D. Information obtained by Creative Directions staff involved in your health care will be recorded in your clinical record and used to determine the course of treatment that should work best for you. Information gathered may be used for creating an assessment, developing a treatment plan, recording your progress in treatment, and assisting in writing your after-care plan.

E. If we believe you pose a life-threatening risk to yourself or others, we may need to notify responsible individuals for your protection or the protection of

F. Cases of suspected abuse or neglect of children or adults not otherwise able to protect themselves may be reported in compliance with state law.

G. If records are court ordered to be released.

H. If otherwise required by state or federal law.

Due to the highly confidential nature of our services, client records are handled with great sensitivity. All staff members are trained in understanding and respecting client confidentiality. Staff handle records only when necessary. Client files are securely stored. Some client data is maintained electronically (i.e. data base) and appointment schedules are kept electronically. In all cases, measures are taken to protect the security and confidentiality of those records.

Creative Directions compiles statistical data (e.g. demographic information, presenting concerns) to measure effective treatment and improve services. Names or other information that would identify specific clients is never a part of that statistical data.

4. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.

Except as described previously, we will not use or disclose information from your record unless you authorize (permit) in writing for us to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

5. YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION. You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form provided by Creative Directions.

➤ Right to request restriction. You may request limitations on your mental health information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your

request unless the information is needed to provide you with emergency treatment.

➤ Right to confidential communications. You may request communications in a certain way or at a certain location.

➤ Right to inspect and copy. You have the right to inspect and copy your mental health information regarding decisions about your care; however, we reserve the right to withhold release of psychotherapy notes in some circumstances. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request for a copy of your records may be denied; you may request review of the denial by another licensed mental health professional chosen by Creative Directions. We will comply with the outcome of the review.

➤ Right to request clarification of record. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarification information. You may ask for a form for that purpose and the form will require certain specific information. Creative Directions is not required to accept the information that you propose.

➤ Right to accounting of disclosures. You may request a list of any non-authorized disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations in the last six (6) years, but not prior to April 14, 2003.

➤ Right to a copy this notice. You may request a copy of this notice at any time, even if you have been provided with a copy previously.

6. REQUIREMENTS REGARDING THIS NOTICE: Creative Directions is required to provide you with this Notice that governs our privacy practices. Creative Directions may change its policies or procedures in regards to privacy practices. If and when changes occur, the changes will be effective for mental health information we have about you as well as any information we receive in the future. Any time you come for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time.

7. COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with the privacy officer at the address below. You may also send a written complaint to the secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint.

If you have any concerns about your privacy rights, wish to request any restrictions on uses or disclosures of your protected health information, or wish to obtain any of the forms mentioned previously in this document speak with your counselor or the privacy officer.

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