

## **Counseling Ministry Professionals Notice of Information Practices**

### **Purpose**

This notice describes how your medical, program planning, payment and other information is used and disclosed and how you can get access to this information. Please review it carefully.

### **Understanding Your Personal Record**

Typically, this record contains your social, educational and health history, current funding, service, assessment information, diagnoses, medications and treatment, and plan for the supports you receive. This information, often referred to as a case record, serves as the following:

- Basis for planning your support.
- Means of communication among providers who support you.
- Legal document describing the supports that you received.
- Means by which you or a third-party payer can verify that you actually received the supports billed for.
- Tool to assess the appropriateness and quality of support that you received.

Understanding what is in your records and how your information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your information.
- Make informed decisions about authorizing disclosure to others.

### **Your Rights under the Federal Privacy Standard**

Although your records are the physical property of **CMP**, you have the following rights with regard to the information within your record:

- Request restriction on certain uses and disclosures of your information. We do not, however, have to agree to the restriction.
- You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request.
- Obtain a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request.
- Inspect and copy your health, program planning, payment or other information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
  - Psychotherapy notes.
  - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
  - Protected health information that is subject to the Clinical Laboratory Improvement Amendments of 1988
  - Information that was obtained from someone other than a service provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access, but if we do, we must provide you a review of our decision, explain why, what your rights are, and how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

- Request amendment/correction of your information. We do not have to grant the request if the following conditions exist:
  - We did not create the record.
  - The records are not available to you as discussed immediately above.

- The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- Obtain an accounting of nonroutine uses and disclosures, those other than for service, payment, and administrative operations. We do not need to provide an accounting for the following disclosures:
  - To you for disclosures of information to you.
  - To persons involved in your support or for other notification purposes, (including notification to family members, personal representatives, or other persons responsible for your care, of your location, general condition, or death).
  - For national security or intelligence purposes
  - To correctional institutions or law enforcement officials
  - That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Revoke your authorization to use or disclose information except to the extent that we have taken action in reliance on the consent or authorization.

#### **Our Responsibilities under the Federal Privacy Standard**

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/ confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We will not use or disclose your health information without your authorization, except as described in this notice or otherwise required by law.

#### **How to Get More Information or to Report a Problem**

If you have questions and/or would like additional information, you may contact the privacy officer by calling **CMP at 205-345-5885**. The receptionist will direct your call to the proper person.

You have the right to file a complaint if you believe that your privacy rights have been violated. You will not be retaliated against in anyway for filing a complaint with us or to the government. A complaint may be filed directly to **CMP, c/o Privacy Officer, 1788 McFarland Blvd No Suite A Tuscaloosa AL 35406 205- 345-5885** or a written complaint may be filed with the Secretary of the Department of Health and Human Services.

#### **Examples of Disclosures for Service, Payment, and Administrative Operations**

**With the regulatory consent granted by the Department of Health and Human Services (“DHHS”), we may use your information as follows:**

- We will use your information for providing services like case management, day, residential, and in-home supports. We may gather assessment information and send to a third party to determine your eligibility for services.
- We will use your information for payment. We may send a bill to you or to a third-party payer. The information on or accompanying the bill may include information that identifies you, your diagnosis, and services received.
- We will use your information for administrative operations. Members of the Quality Assurance Committee may use information in your record to assess your supports and the quality of the service provider. We will use this information in an effort to continually improve the quality and effectiveness of the services you receive.
- Business associates: We provide some services through contracts with business associates like affiliate case managers and computer programmers. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information.
- Notification: We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, your location, and general condition.
- Communication with family: Unless you object, health professionals, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify health information relevant to that person's involvement in your support or payment related to your support.
- Fundraising: We may contact you as a part of a fundraising effort for **CMP**. You have the right to request not to receive subsequent fundraising materials.
- Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- Health oversight agencies and public health authorities: If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more consumers, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.
- Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.
- Marketing/continuity of support: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Reporting Abuse: We may disclose your information to public authorities to report abuse or neglect, specific threats toward others and others as allowed by law.

We reserve the right to change our practices and to make the new provisions effective for all individually identifiable information that we maintain. If we change our information practices, we will mail a revised notice to the address that you have given us.

Effective date: May 1,2008