



C. Saks Behavior Therapy Services

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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.

I. Our Duty to Safeguard Your Protected Health Information.

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time.** If we do so, we will inform you of a new Notice **which can be made available through your primary behavior therapist.**

II. How We May Use and Disclose Your Protected Health Information.

We use and disclose PHI for a variety of reasons. For most uses/disclosures, we must obtain your consent. For others, we must have your written authorization. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and examples of our potential uses/disclosures of your PHI.

1) Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

For treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your DD Waiver interdisciplinary treatment team. The New Mexico State DD/Mental Health code (43-1-19) allows disclosure of confidential information without authorization from the client between professionals serving clients on the DD Waiver "to the extent that their practice, employment, or training on behalf of the client requires that they have access to such information." This includes but is not limited to case management providers, residential providers, vocational providers, medical providers, ancillary therapists (e.g. occupational, speech, and physical therapists), and support and resource staff of the Department of Health.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may export portions of your PHI to NM Department of Health- DD Medicaid Waiver through their Provider Payment "Real Easy" software. In addition, we may release portions of your PHI to ACS or other NM Medicaid fiscal agent in order to get paid for services that we delivered to you.

For health care operations: We may use/disclose your PHI in the course of operating our **behavioral health agency.** For example, we may disclose your PHI to subcontracted behavior therapists for review of treatment plan and implementation or for evaluating the quality of services provided. We may disclose your PHI to our bookkeeper, accountant or attorney for audit purposes. Since the DD Waiver Services are an integrated system we may disclose your PHI to the NM Department of Health Long Term Services Division for similar purposes.

Exceptions: Although your consent is usually required for the use/disclosure of your PHI for the activities described above, the law allows us to use/disclose your PHI without your consent in certain situations. For example, we may disclose your PHI if needed for emergency treatment if it is not reasonably possible to obtain your consent prior to the disclosure and we think that you would give consent if able. Also, if we are required by law to provide your treatment, we may use/disclose your PHI for treatment, payment and operations without obtaining your prior consent.

2) Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Like consents, authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

3) Uses and Disclosures Not Requiring Consent or Authorization: The law provides that we may use/disclose your PHI without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For public health activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

For health oversight activities: We may disclose PHI to the NM Department of Health, the NM Children Youth and Families Department, or another agency responsible for monitoring the health care system for such purposes as audits, investigations, and inspections.

Relating to decedents: We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

For research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose PHI in order to assist medical/psychiatric research.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Law enforcement: We may also disclose PHI for law enforcement purposes (as long as legal requirements are met). Circumstances where PHI may be disclosed include 1) legal processes and information otherwise required by law, 2) information pertaining to victims of crime, 3) information related to suspicion that death has occurred as a result of criminal conduct, 4) a crime occurs in the presence of behavior therapist, 5) medical emergency (not in the presence of behavior therapist) and that it is likely that a crime has been committed, 6) disclosure is necessary to lessen or prevent a serious and imminent threat to the health and safety of a person or the public, and 7) information that is needed for law enforcement to identify and apprehend an individual.

For specific government functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

4) Uses and Disclosures requiring you to have an Opportunity to Object: In the following situations, we may disclose your PHI if we inform you about the disclosure in advance and you do not object. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

To families, friends or others involved in your care: We may share with these people information directly related to your family's, friend's or other person's involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

III. Your Rights Regarding Your Protected Health Information. You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in a civil, criminal or administrative action or proceeding, and PHI that is subject to law that prohibits its access. Depending on the circumstances, a decision to deny access may be reviewed. Please contact our privacy officer if you have questions about access to your medical record.

To request a restriction of your PHI: This means you may ask us not to use or disclose a part of your PHI for treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members, certain direct care staff, or friends who may be involved in your care or for notification purposes as described previously. Your request must state the specific restriction requested and to whom you want the restriction to apply.

C. Saks Behavior Therapy Services is not required to agree to your request. If your therapist believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your therapist does agree to the restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed for emergency treatment. With this in mind, please discuss any restriction requests with your therapist. You may request a restriction by completing a Request for Restriction of PHI.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records or; (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: .You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for which you gave consent (i.e. for treatment, payment, operations, to you, your guardian, or your family). The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests. The right to receive this information is subject to certain exceptions, restrictions and limitations.

IV. How to Complain about our Privacy Practices:

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

V Contact Person for Information, or to Submit a Complaint to: Claire Saks, Privacy Officer 690-7372, P.O. Box 5787 Santa Fe, NM 87502