

Melinda L. Thomas LMFT, CCDP

Licensed Marriage and Family Therapist
Certified Co-Occurring Disorder Professional
AAMFT Approved Supervisor
Certified TFEBT Professional
724/804-8204

Notice of Privacy Practices

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

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). We will protect the privacy of the health information that we maintain that identifies you, whether it deals with the provision of health care to you or the payment for health care. We must provide you with this Notice about our privacy practices. It explains how, when and why we may use and disclose your health information. With some exceptions, we will avoid using or disclosing any more of your health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice, which are currently in effect.

We would like to take this opportunity to answer some common questions concerning our privacy practices:

QUESTION: HOW WILL YOU USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION?

Answer: We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each.

A. Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations. We may, by federal law, use and disclose your health information for the following reasons:

To Obtain Payment for Treatment: We may use and disclose necessary health information in order to bill and collect payment for the treatment that we have provided to you, with the exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization). For example, we may provide certain portions of your health information to the payor (which could include, placement agency, health insurance company, MA, and/or MCO), in order to get paid for taking care of you. To do this, we will need to provide your health information to the billing company that handles our health insurance claims.

B. Certain Other Uses and Disclosures are Permitted by Federal Law. We may use and disclose your health information without your authorization for the following reasons:

When a Disclosure is Required by Federal, State or Local Law, in Judicial or Administrative Proceedings or by Law Enforcement. For example, we may disclose your protected health information if we are ordered by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as in the case of a dog bite, suspected child abuse or a gunshot wound.
To Avoid Harm. If it is believed that it is necessary to protect you, or to protect another person or the public as a whole, we may provide protected health information to the police or others who may be able to prevent or lessen the possible harm. It is my duty to warn if you are a harm to yourself and/or others.

C. Other Uses and Disclosures Require Your Prior Written Authorization. In situations other than those categories of uses and disclosures mentioned above, or those disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your protected health information. In addition, we need to ask for your specific written authorization to disclose information concerning your mental health, drug and alcohol abuse and/or treatment, or to disclose your HIV status.

If you choose to sign an authorization to disclose any of your health information, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action relying on the authorization, so long as it is revoked in writing.

QUESTION: WHAT RIGHTS DO I HAVE CONCERNING MY PROTECTED HEALTH INFORMATION?

Answer: You have the following rights with respect to your protected health information:

A. The Right to Choose How We Send Health Information to You or How We Contact You. You have the right to ask that we contact you at an alternate address or telephone number or by alternate means (for example, by mail instead of telephone). We must agree to your request so long as we can easily do so.

B. The Right to See or to Get a Copy of Your Protected Health Information. In most cases, you have the right to look at or get a copy of your health information that we have, but you must make the request in writing. We will respond to you within 30 days after receiving your written request.