

NOTICE OF PRIVACY PRACTICES

CenterPoint Counseling

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this notice, contact CenterPoint Counseling at (317) 252-5518, 7700 N. Meridian St., Indianapolis, Indiana 46260.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services and payment for those services.

We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to abide by the terms of this Notice of Privacy Practices, and to provide our patients with this Notice. The terms of this notice apply to all records containing your PHI that are created or retained by CenterPoint. We reserve the right to revise or amend this Notice of Privacy Practices. The new notice will be effective for all PHI that we maintain at that time, and for any of your PHI that we may create or maintain in the future. CenterPoint will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following categories describe the different ways that we use and disclose medical information.

- a.) Treatment. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. In addition, we may disclose your PHI from time to time to another physician or health care provider providing treatment to you.
- b.) Payment. Your PHI will be used, as needed, to obtain payment for your health care services.
- c.) Health Care Operations. We may use or disclose, as needed, your PHI in order to support the business activities of CenterPoint. An example of this would be when we obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, credentialing, training programs, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI. In addition, we may also call you by name in the waiting room when your therapist is ready to see you. We may use or disclose medical information, as necessary, to contact you to remind you that you have an appointment for treatment or services. We may also disclose your health information to other entities that are covered by privacy laws for some of their health care operations, but only if they also have a relationship with you.
- d.) Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may interest you.
- e.) Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- f.) Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We also may give information to someone who is involved with or helps pay for your care.
- g.) Disclosures Required by Law. We will use and disclose your PHI when we are required to do so by federal, state or local law.
- h.) To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or of another person. Any disclosure will be to someone who is able to help prevent the threat.
- i.) Incidental Uses and Disclosures. We may occasionally inadvertently use or disclose your medical information when such use or disclosure is incident to another use or disclosure that is permitted or required by law. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between other practice personnel, there may be times that such conversations are in fact overheard.
- j.) Disclosures to You. Upon a request by you, we may use or disclose your medical information in accordance with your request.
- k.) Disclosures to the Secretary of Health and Human Services. We might be required by law to disclose your medical information to the Secretary of the Department of Health and Human Services, or his/her designee, in the case of a compliance review to determine whether we are complying with privacy laws.
- l.) De-Identified Information. We may use your medical information, or disclose it to a third party whom we have hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any way according to law.
- m.) Disclosures by Members of Our Workforce. Members of our workforce, including employees, volunteers, trainees or independent contractors, may disclose your medical information to a health oversight agency, public health authority, health care accreditation organization or attorney hired by the workforce member, to report the workforce member's belief that we have engaged in unlawful conduct or that our care or services could endanger a patient, workers or the public. In addition, if a workforce member is a crime victim, the member may disclose your medical information to a law enforcement official.
- n.) To Third Parties. We may disclose your medical information to certain third parties with whom we contract to perform services on our behalf. If we do so, we will have written assurances from the third party that the third party will safeguard your information.
- o.) Disclosures of Medical Information of Minors. Under Indiana law, we cannot disclose the medical information of minors to non-custodial parents if a court order or decree is in place that prohibits the non-custodial parent from receiving such information. However, we must have documentation of the court order prior to denying the non-custodial parent such access.
- p.) Disclosures of Records Containing Drug or Alcohol Abuse Information. Because of federal law, we will not release your medical information if it contains information about drug or alcohol abuse without your written permission except in very limited situations.
- q.) Communications Regarding Our Services or Products. We may use and disclose your health information to make a communication to you to describe a health-related product or service of CenterPoint. In addition, we may use or disclose your health information to tell you about products or services

related to your treatment, case management or care coordination, or alternative treatments, therapies, providers or settings of care for you. We may occasionally tell you about another company's products or services, but will use or disclose your health information for such communications only if they occur in person with you.

2. USE AND DISCLOSURE IN CERTAIN SPECIAL SITUATIONS

- a.) Public Health Risks. We may disclose medical information about you for public health activities.
- b.) Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- c.) Lawsuits and Disputes. We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- d.) Law Enforcement. We may release medical information if asked to do so by a law enforcement official.
- e.) Military. We may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- f.) Workers' Compensation. We may disclose your PHI for workers' compensation and similar programs.
- g.) Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release some of your PHI to the correctional institution or law enforcement official. This release would be necessary 1) for the institution to provide you with health care, 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution. Except if the disclosure is to another provider for your treatment, the information that would be disclosed is limited to your demographic information or a description of your physical characteristics.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- a.) Right to Inspect and Copy. You have the right to inspect and copy your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. You must submit your request in writing to your therapist in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chose by us will conduct reviews.
- b.) Right to Amend. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to your therapist. You must provide us with a reason that supports your request for amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that is in our opinion: 1.) accurate and complete; 2.) not part of the PHI kept by or for the practice; 3.) not part of the PHI which you would be permitted to inspect and copy; or 4.) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- c.) Right to Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain non-routine disclosures our practice has made of your PHI for purposes other than treatment, payment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim is routine. In order to obtain an accounting of disclosures, you must submit your request in writing to our privacy contact. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- d.) Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **We are not required to agree to your request.**
- e.) Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or only by mail. In order to request a type of confidential communication, you must make a written request to our privacy contact specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.
- f.) Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our privacy official at (317) 252-5518.
- g.) Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our privacy official. All complaints must be submitted in writing. **You will not be penalized, discriminated against, retaliated against, or intimidated for filing a complaint.**
- h.) Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization, unless we have already relied on the authorization and disclosed the information. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information policies, please contact (317) 252-5518 or CenterPoint Counseling, 7700 N. Meridian St., Indianapolis, Indiana 46260.

This notice was published and becomes effective on January 3, 2011.