

Progressive Preventive Health Care, Inc.

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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.

The effective date of this Notice is January 1, 2007.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

Progressive Preventive Health Care, Inc. is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordination, or managing your health care treatment and related services. This includes consultations with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities are making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, to remind you of an appointment and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required By Law. Under the law, we must make disclosures of your PHI to you upon your request. In addition, investigating or determining our compliance with the requirements of the Privacy Rule.

The regulation permits disclosures without the authorization of the individual for the performance of a broad range of insurance functions by or on behalf of the licensee including, but not limited to: claims administrations; underwriting; quality assurance; disease management; utilization review; fraud investigation; actuarial, scientific, medical or public policy research; any disclosure permitted without authorization under the privacy regulation promulgated by the U.S. Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996; and any activity that is otherwise permitted by law, required pursuant to a governmental reporting authority or required to comply with legal process. [W.Va. Code St. R § 114-57-15.]

Without Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat

Verbal Permission. We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at 243 West Main Street, Bridgeport, WV 26330:

- *Right of Access to Inspect and Copy.* You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. A request to inspect or copy must be made directly to the Privacy Officer at Progressive Preventive Health Care, Inc. and must state with reasonable specificity the information sought. As soon as practicable but within a maximum of 5 days (not including Saturday, Sunday, or legal holidays), Progressive Preventive Health Care, Inc. must: 1. Furnish copies of the requested information; 2. Advise the person making the request of the time and place to inspect or copy the information; or 3. Deny the request and state in writing the reasons for denial. We may charge a reasonable, cost-based fee for copies.
- *Right to Amend.* If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- *Right to an Accounting of Disclosures.* You have the right to request an accounting of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- *Right to Request Restrictions.* You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- *Right to Request Confidential Communication.* You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- *Right to a Copy of This Notice.* You have a right to a copy of this notice.

Progressive Preventive Health Care, Inc. must furnish a copy of all or a portion of a patient's record to the patient (or their authorized agent or representative) within a reasonable time after receiving a written request. [W.Va. Code § 16-29-1.]

At the time of delivery, the patient must pay reasonable expenses incurred by the provider in retrieving and copying the records. The cost may not exceed \$0.75 per page for copying and the search fee may not exceed \$10.00. [W.Va. Code § 16-29-2.] A charge may not be imposed on indigent persons or their authorized representative if the records are necessary for supporting a claim or appeal under the Social Security Act. [*Id.*]

In the case of records of psychiatric or psychological treatment, a summary of the record must be made available to the patient or their authorized agent or representative following termination of the treatment program. [W.Va Code § 16-29-1(a).]

With respect to a minor receiving treatment or services for drug rehabilitation or related services according to any provision of the West Virginia Code, these provisions do not require a health care provider to release the minor's patient records to a parent or guardian without the minor patient's prior written consent. [W.Va Code § 16-29-1(b).]

MENTAL HEALTH RESTRICTIONS

In General. Communication and information obtained in the course of treatment or evaluation of any mental health client or patient is considered confidential and generally may not be disclosed. [W.Va Code § 27-3-1.] "Confidential information" includes the fact that the person is or has been a patient; information transmitted by a patient (or their family) for purposes relating to diagnosis or treatment; all diagnoses or opinions formed regarding a client's physical, mental, or emotional condition; and advice, instructions, or prescriptions and any record or characterization of the foregoing. [*Id.*] This protected information may be disclosed without the patient's authorization: in proceedings related to involuntary examinations; pursuant to court order where the court has made a finding that the disclosure of the information outweighs the importance of maintaining confidentiality; to protect against a clear and substantial danger of imminent injury by the patient to themselves or another; and for internal review purposes. [*Id.*] The consent for disclosure of confidential information must be in writing and signed by the patient or by their legal guardian. [W.Va. Code § 27-3-2.]

Social Workers and Licensed Professional Counselors. A licensed social worker or a licensed professional counselor is prohibited from disclosing without the patient's consent any confidential information they may have acquired from clients in their professional capacity, except in limited circumstances such as when the communication reveals the contemplation of a crime or harmful act. [W.Va Code §§ 30-30-12;30-31-13.]

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at 243 West Main Street, Bridgeport, WV 26330 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington D.C. 20201 or by calling (202)-619-0257. We will not retaliate against you for filing a complaint.