

# Cedars Counseling

## Client's Bill of Rights Notification

As a recipient of services at our facility, we would like to inform you of your rights as a client. The information contained in this document explains your rights and the process of complaining if you believe your rights have been violated.

### Your rights as a patient:

- **Complaints:** We will investigate your complaints.
- **Suggestions:** You are invited to suggest changes in any aspect of the services we provide.
- **Civil Rights:** Your civil rights are protected by federal and state laws.
- **Cultural/Gender Issues:** You may request services from someone with training or experiences from a specific cultural or gender orientation. If these services are not available, we will help you in the referral process.
- **Treatment:** You have the right to take part in formulating your treatment plan.
- **Denial of Services:** You may refuse services offered to you and be informed of any potential consequences.
- **Record Restrictions:** You may request restrictions on the use of your protected health information; however, we are not required to agree with the request. ●
- Availability of records:** You have the right to obtain a copy and/or inspect your protected health information; however, we may deny access to certain records in which case we will discuss this decision with you.
- **Amendment of records:** You have the right to request an amendment in your records; however, this request could be denied. If denied, your request will be kept in your records.
- **Medical/Legal Advice:** You may discuss your treatment with your doctor or attorney.
- **Disclosures:** You have the right to receive an accounting of disclosures of your protected health information that you have not authorized. **Your**

### rights to receive information:

- **Costs of services:** We will inform you of how much you will pay.
- **Termination of services:** You will be informed as to what behaviors or violations could lead to termination of services at our facility. ●
- Confidentiality:** You will be informed of the limits of confidentiality and how your protected health information will be used. ● **Policy Changes:** You will be notified in advance of any policy changes.

### Our ethical obligations:

- We dedicate ourselves to serving the best interest of each client.
- We will not discriminate between clients or professionals based on age, race, creed, disabilities, handicaps, preferences, or other personal concerns. ● We maintain an objective and professional relationship with each client.
- We respect the rights and views of other mental health professionals.
- We will appropriately end services or refer clients to other programs when appropriate.
- We will evaluate our personal limitations, strengths, biases, and effectiveness on an ongoing basis for the purpose of self-improvement. We will continually attain further education and training.
- We hold respect for various institutional and managerial policies, but will help improve such policies if the best interest of the client is served. **Client's**

### responsibilities:

- You are responsible for your financial obligations to the facility as outlined in the Payment Contract for Services.
- You are responsible for following the policies of the facility.
- You are responsible to treat staff and fellow clients in a respectful, cordial manner in which their rights are not violated.
- You are responsible to provide accurate information about yourself.
- Therapy is an individual process for which you will need to assume responsibility for making changes.
- In order to receive the greatest benefit, you need to be actively involved in the treatment process. Goal setting, assignments, and talking are all important and critical to treatment success.
- Treatment is voluntary, and you may end counseling at any time without fear of penalty.
- You can expect to be treated with respect.

### What to do if you believe your rights have been violated:

- If you believe that your client rights have been violated, contact Elyse Beasley, Srpe, LPC

Cedars Counseling

# HIPAA Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

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

## **I. Uses and Disclosures of Protected Health Information Requiring Authorization**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice and any other use required by law.

## **II. Treatment**

We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

## **III. Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission. If claims are denied, you are responsible for all costs of the services provided. There is a 2% interest charge on all outstanding balances over 60 days. In the event that your account goes into court for collection, there will be an additional charge to cover any attorney or legal fees and post-judgment interest at the rate of 2% per month.

## **IV. Health Care Operations**

We may use or disclose, as needed, your protected information in order to support the business activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. For example, we may disclose your protected health information to a medical school student that sees patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointments.

We may use or disclose your protected health information in the following situations without your authorization. These situations include, as required by law. Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization and opportunity to object unless required by law.

You may revoke this authorization at any time in writing except to the extent that your physician or the physician's practice has taken an action previously on the use or disclosure indicated in the authorization.

# **Cedars Counseling**

**YOUR RIGHTS:** Following is a statement of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care

operation. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your provider is not required to agree to a restriction that you request. If the provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another healthcare professional.

**You have the right to request to receive confidential communication from us by alternative means or an alternative location.** You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to this notice alternatively (i.e. electronically).

**You may have the right to have your provider amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

#### **V. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

#### **VI. Effective Date**

This notice shall go into effect April 14, 2003 and will remain so unless new notice provisions effective for all protected health information are enacted accordingly. We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objects to this form, please ask to speak with our HIPAA Compliance Office in person or by phone at our main phone number.