

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.

Tamar Counseling Services creates a record of your provider visits, phone calls, counseling sessions, and other services you receive as a client. Typically, this record contains your name and other personal information, information about your eligibility to receive services, symptoms, diagnoses, treatment, and a plan for future care or treatment. For example, this information serves as a:

- Basis for planning your care and treatment
- Means of communication among health and other professionals who contribute to your care, when you grant permission
- Means to verify that services billed were actually provided
- A tool for assessing quality of care

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"), and includes the examples above.

Although your record is the physical property of Tamar Counseling Services, you may have the right, as further detailed in this notice, to:

- Obtain a paper copy of this notice
- Inspect, copy, and request changes to your health record
- Obtain a list of many of the disclosures of your health
- Request confidential communications of your health information
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

1. **Our Duties.** We are required to safeguard your PHI, keep it private, and generally use or share information only as necessary to do our job. We must give you this Notice about our privacy practices that explains how, when, and why we may use or disclose your PHI.

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 create a new Notice and make it available to you.

2. **How We Use and Disclose Your Protected Health Information.** We have a limited right to use and disclose PHI for a variety of reasons, including for purposes of treatment, payment, or our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure.

If we disclose your PHI to an outside entity in order for that contractor to perform a function on our behalf, we protect the information by having an agreement with the contractor that it will extend the same degree of privacy protection to your information that we do.

3. **Tamar Counseling Services must use and disclose PHI.** We must use or share your PHI:
 - With you or someone who has the legal right to act for you (a personal representative)
 - With the Secretary of the Department of Health and Human Services, if requested, to make sure we are protecting PHI, and
 - Where we are required by law to do so.

4. **Tamar Counseling Services has a right to Use and Disclose PHI.** Generally, we may use or disclose your PHI for treatment, payment, or health care operations.
 - **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 share your PHI with a private insurer to determine eligibility or get paid for services that we deliver to you. The information on or accompanying the bill may include information that identifies you, as well as treatment or services provided.
 - **For health care operations:** We may use/disclose your PHI in the course of operating our organization. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes.

5. **Tamar Counseling Services May Use and Disclose PHI.** We may also use or share your information for the following reasons:
 - Notification: Unless you may, and do object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
 - Communication with Family: Unless you may, and do object, we, using our best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
 - Contacting You: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.
 - Public Health: As required or allowed by law, we may disclose your health information to public health, legal authorities, or others charged with preventing or controlling disease, injury, disability, or monitoring health related products.
 - Health Oversight and government functions: As required or allowed by law, we may release information to government agencies for health oversight (such as a fraud and abuse investigation), or for specialized government functions (such as national security).
 - Whistleblower: Federal law allows for your health information to be released to an appropriate government agency or attorney, where a person believes in good faith that we

have violated the law or professional or clinical standards and are potentially endangering one or more clients, workers or the public.

- *Law or Corrections:* We may disclose health information for law enforcement purposes, in response to judicial or administrative requests, or in response to a subpoena. If you are an inmate of a correctional institution, we may disclose health information to the institution or its agents.
 - *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.
 - *Information about Decedents:* We may disclose health information to funeral directors for them to carry out their duties. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
 - *Workers Compensation:* We may disclose health information, to the extent authorized, to comply with laws relating to workers compensation or other similar programs established by law.
- 6. Other Uses and Disclosures Require Your Permission.** We must have your written authorization (permission) for other uses or disclosures of PHI not included in this Notice. Authorizations can be revoked, in writing, at any time to stop future uses/disclosures but this will not effect actions that we have already taken.
- **For treatment:** With your written authorization, we may disclose your PHI to case managers, doctors, nurses, and others who are involved in providing your health and related care. For example, your PHI will be shared among members of your treatment team. Your PHI may also be shared with outside entities performing services relating to your treatment, such as community mental health agencies involved in provision or coordination of your care. We may also share information with other providers that assist him/her in treating you once you are no longer a client.

As summarized above, you have the following rights relating to your health record:

To inspect and copy: Unless your access is restricted for documented treatment or other reasons allowed by law, you have a right to see your health record upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request amendment: 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: (i) correct and complete; (ii) not created by us and/or not part of our records, or (iii) not permitted to be disclosed. Any denial will state the reasons for denial

and explain your rights. 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. There are some exceptions, such as a disclosure: for treatment, payment, and operations; to you, your family, or pursuant to your written authorization. We will respond to your written request for such a list within 60 days of receiving it.

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 required to agree to the restriction. If we agree to any restrictions on our use or 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 (such as by mail instead of by telephone). We will agree to your request as long as it is reasonably easy for us to do so.

To receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

Complaint Information: 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 also file a written complaint with the U.S. Department of Health and Human Services. For organizations located in California, HHS officials can be contacted at:

U.S. Department of Health and Human Services Region IX, Office for Civil Rights, U.S. Department of Health and Human Services 50 United Nations Plaza, Room 322, San Francisco, CA 94104
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