

AMY CLUFF, LCSW, PC
393 EAST RIVERSIDE DRIVE, SUITE 3A · ST. GEORGE, UTAH 84790
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NOTICE OF PRIVACY PRACTICES

This notice describes how mental health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

MENTAL HEALTH PROFESSIONAL'S PRIVACY DUTIES

Your mental health record contains personal information about you and your health. This information that may identify you, your mental health, and related health care services provided to you is referred to as Protected Health Information (PHI). I understand that protecting your PHI is important.

I am required by law to:

- Maintain the privacy of your PHI
- Provide this Notice that describes my legal duties with your PHI and ways I may use and share your PHI.
- Follow the terms of the Notice currently in effect.
- I reserve the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. Current notices will be maintained on site, and you may request a copy on site or by mail.

HOW I MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

I may use or disclose your PHI for treating you, billing for services, and conducting normal business known as health care operations. Examples of how I use your PHI include:

- Treatment is when I provide, coordinate, or manage your mental health care and other services related to your health care. This includes consultation with another health care provider, such as your family physician or another mental health professional.
- I may use or disclose your PHI to family members that are directly involved in your treatment. In couple, child, and family mental health treatment, I may use or disclose PHI that is directly relevant to treatment of you or them, unless otherwise agreed upon. In such cases, the "client" is defined as the family unit receiving treatment. I will use my clinical judgment when using or disclosing PHI between and among family members.
- Payment is when I obtain payment from you, your insurance company, or other third party for treatment services provided. I may disclose your PHI to your health insurer to obtain prior approval for treatment, reimbursement for your care, and to verify eligibility for coverage. If it becomes necessary to use collection processes due to lack of payment for services, I will disclose the minimum PHI necessary for the purpose of collection.

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- Health Care Operations are activities that are related to the performance and operation of my practice. Health care operations include but are not limited to quality assessment and improvement activities, staff training, conducting required business duties, audits and administrative services, and case management and coordination.
- I may also use your PHI to recommend treatment alternatives, share information with third parties who assist me with treatment, payment, and mental health care operations. My business associates must follow federal privacy practices.
- I may use your PHI to call you or contact you regarding appointment scheduling and treatment.

USE AND DISCLOSURE REQUIRING AUTHORIZATION

Uses and disclosures not specifically permitted by applicable law will be made only when your appropriate authorization is obtained. Your authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing the information. You may revoke any or all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization to obtain information or (2) if the authorization was given as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy. All other uses and disclosures, not described in this notice, require your signed authorization.

USE AND DISCLOSURE WITH NEITHER CONSENT NOR AUTHORIZATION

There are limited situations when I am permitted or required to use or disclose your PHI with out signed authorization. These situations are:

- As required by law, mandatory reporting of child, elder, and disabled abuse neglect, or domestic violence.
- Mandatory government audits, inquiries, or investigations, including but not limited to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the privacy rule, the Department of Occupational and Professional Licensing, worker's compensation, intelligence or national security, or the Public Health Department for communicable diseases.
- For lawsuits and similar proceedings, when requested by court order and otherwise required by law.
- To reduce serious threat to public health and safety.
- To take precautions to protect the rights and safety of others if I have reason to believe that there is a clear and imminent danger that you will attempt to inflict serious bodily injury upon an identifiable person.

CLIENT'S RIGHTS

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You have the right to:

- Request restrictions on certain uses and disclosures of PHI about you. However, I am not required to agree to a restriction you request.
- Request and receive confidential communications of PHI by alternative means and at alternative locations, such as using an alternative address.
- Inspect and/ or copy your PHI for as long as the PHI is maintained in the record. Under certain circumstances, I may deny your access to a portion of your PHI, and you may request a review of the denial. *
- Request and amendment of your PHI for as long as the PHI remains in the record. Your request may be denied. *
- Receive an accounting of certain disclosures of your PHI. The accounting does not include disclosures made for treatment, payment, or health care operations and some disclosures required by law, to individuals of their own PHI, pursuant to an authorization, incidental to use or disclosure permitted by privacy standards, to a family member directly relevant to their involvement in the individual's care, or as part of a limited data set. Your request must be within six years prior to your request and exclude dates prior to April 14, 2003. *

Requests marked with a * must be made in writing.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that was made about access to your health information, you may contact the Privacy Officer at 393 East Riverside Drive Suite 3A, St. George, Utah 84790. Alternately, you may send a written complaint to the Secretary of the US Department of Health and Human Services. There will be no retaliation for filing a complaint.