

## SAMARITAN COUNSELING CENTER - NOTICE OF PRIVACY PRACTICES

This notice tells you how we make use of your health information at our Center, how we might disclose your health information to others, and how you can get access to the same information.

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have a legal responsibility under the laws of the United States and the state of California to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice.

Recent changes in the U.S. law that went into effect on April 14, 2003 require that we give you this notice.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law. When we make any of these changes, we will also change this notice and give you a copy of the new notice.

These policies cover information about your mental health, your diagnosis, any results of testing completed here, family dynamics and your course of treatment here at the Center. This includes health information we will receive about you as well as information that we create here at Samaritan Counseling Center, Inc.

If you have any questions or concerns about the material in this document, please ask us for assistance which we will provide at no charge to you.

### **Here are some examples of how we use and disclose information about your health information.**

We may use or disclose your health information...

1. To anyone on our staff involved in your treatment.
2. To our own staff in connection with our Center's operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities. In these cases we will disguise your identifying data.
3. To your physician or other healthcare provider who is also treating you, with your written release.
4. To any person required by federal, state, or local laws to have lawful access to your treatment program usually in response to a subpoena. Normally we will consult with you before responding to a subpoena.
5. To receive payment from a third party payer for services we provide for you, as authorized by you.
6. To anyone you give us written authorization to have your health information, for any reason you want. We have a Release of Information available for this purpose. On this release you will be asked to specify a professional or organization which is to receive your information. You will be given an opportunity to specify the type of information to be released. You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only effect your health information from that point on. If you do not revoke or change your authorization, your authorization will normally lapse after one year.

CLIENT COPY - PLEASE KEEP FOR YOUR RECORDS

7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects of your health information that are necessary to respond to the emergency.

We **will not** use your health information in any of our Center's marketing, development, public relations, or related activities without your written authorization. If you are interested in being listed on the Center's mailing list and receiving notices of upcoming events, you need to give us written permission. If you agree to be on our mailing list, we will not categorize or otherwise identify you as a client or former client.

We **cannot** use or disclose your health information in any way other than those described in this notice unless you give us written permission. By state law your health information is maintained at this center under lock/key or in a computer with restricted access. Client records are maintained at this Center for seven years. After that time, your records will be destroyed in a manner prescribed by law.

As a client of Samaritan Counseling Center Inc. you have these important rights:

- A. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use. You can ask us for photocopies of the information. We will charge you \$1 per page for making these photocopies.
- B. You have a right to a copy of this notice at no charge.
- C. You can make a written request to have us communicate with you about your health information by alternative means, at an alternative location. (An example would be if your primary language is not spoken at this Center, and we are treating a child of whom you have lawful custody.) Your written request must specify the alternative means and location.
- D. You can make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those which, in our professional judgment, constitute an emergency.
- E. You can make a written request that we amend your information at this Center. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information, and anyone else of your choosing. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.
- F. You may make a written request that we provide you with a list of those occasions where we disclosed your health information for purposes other than treatment, payment, or our Center's operations. Normally, we do not disclose client health information for any purpose other than treatment, payment and our Center's operations. Nevertheless it is now your right to request a list of any disclosures. This can go back as far as six years, but not before April 14, 2003.
- G. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice you may complain to us in writing to the following person:

Compliance Officer/ Executive Director: Douglas McKown, Psy.D.  
Address: Samaritan Counseling Center  
1126 W. Foothill Blvd Suite 110.  
Upland, CA 91786  
Telephone: 909-985-0513

You may also submit a written complaint to the United States Department of Health and Human Services. We will provide you with that address upon written request.