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## PATIENT NOTIFICATION OF PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) has created patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law”, HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”), the keeping and use of patient records (“privacy rules”), and storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including mental health care. Providers and health care agencies throughout the country are required to provide patients a notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you don’t have formal legal training. This Patient Notification of Privacy Rights is our attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document as it is important you know what patient protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship and as such, you will find we do all we can do to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask for further clarification.

By law, we are required to secure your signature indicating you have received this Patient Notification of Privacy Rights Document. Thank you for your thoughtful consideration of these matters.

I, \_\_\_\_\_, understand and have been provided a copy of CityCare Counseling Patient Notification of Privacy Rights Document which provides a detailed description of the potential uses and disclosures of my protected health information as well as my rights on these matters. I understand I have the right to review this document before signing this acknowledgment form.

\_\_\_\_\_  
Patient Signature or Parent if Minor or Legal Charge

\_\_\_\_\_  
Date

If Legal Charge, describe representative authority: \_\_\_\_\_

# Health Insurance Portability and Accountability Act

CityCare Counseling recognizes our responsibility for safeguarding the privacy of your health information. This notice provides information regarding use and disclosure of protected health information by CityCare Counseling. This notice also describes your rights and our obligations for using your health information and informs you about laws that provide special protections for your health information. It also explains how your protected health information is used and how, under certain circumstances, it may be disclosed.

## Protected Health Information

This notice applies to health information—created or received by the providers at CityCare Counseling—that identifies you and that relates to your past, present, or future physical or mental condition. For example, your *protected health information* (PHI) includes your treatment plan, test results, diagnoses, health information from other providers, and financial information that could identify you. The information often contained in your medical record serves as a means of communication among the many health professionals who contribute to your care.

**Federal and state law allows us to use and disclose your PHI for purposes of supervision, treatment, assessment results, payment, and health care operations.** The CityCare Counseling cannot submit claims to an insurance company on your behalf unless you sign our assignments of benefits form. State law requires us to obtain your authorization to disclose your PHI for payment purposes from outside agencies, such as county agencies and school districts.

## Use and Disclosure of Your Protected Health Information for Supervision, Treatment, Assessment, Payment, and Health Operations

### Clinical Supervision

That CityCare Counseling is staffed by therapists that meet weekly and occasionally discuss individual cases as a training tool to help our therapists to improve their skills and to better meet the needs of our clients. All efforts are made to not disclose any more information than is necessary in these training opportunities. All LMHP's and PLMHP's are required to be supervised by an LIMHP or psychologist to help these therapists meet the needs of their clients.

### Treatment and Assessments

Information obtained by therapists will be kept in your medical record and used to help decide what treatment or assessment is right for you.

### Payment

We will have each client sign the Assignment of Benefits Agreement so we can bill and collect payment for services directly from the insurance companies. (Please refer to the Assignment of Benefits Agreement for more information) We also accept cash if someone has no insurance that covers their care or prefers not to bill their insurance company.)

### Health Care Operations

- We use your medical records to assess quality and improve services.
- We may use medical records to review the performance of our therapists.
- We may contact you to give you information about treatment alternatives or other health-related benefits and services.

### Client Rights

The health and financial records we create and store are the property of the CityCare Counseling. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive a copy, read, and ask questions about your protected health information as well as request restrictions to its use and/or disclosure. You must deliver this request to us in writing. Although we are not required to grant the request, we consider it and typically comply unless the request could pose a potential harm.
- Request and receive a paper copy of the most current "Notice of Privacy Practices" for protected health information.

- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. Charges for copies of your medical record will apply in accordance with Nebraska state law.
- Ask that your health information be given to you by another means or at another location. Please sign and date our release of information form or sign a release from the place requesting information.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. Also, it does not affect any action taken before we have received it.
- Please note that we do not normally include raw psychological testing materials in disclosures of information, in order to protect the security of these tests.

For help with these rights during normal business hours, please contact:

CityCare Counseling, Inc.  
 10845 Harney Street, Suite 200  
 Omaha, NE 68154  
 Phone: 402.916.9421  
 Fax: 402.999.8221

## **Our Responsibilities**

We are required to:

- Keep your protected health information private.
- Give you this notice.
- Follow the terms of the notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this notice. You may receive the most recent copy of the notice by calling and asking for it or by visiting our office.

## **Questions and Complaints**

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact our privacy officer.

If you believe your privacy rights have been violated, you may discuss your concerns with the director of the clinic. Also, you may mail a written complaint to James Connelly Phd, LIMHP, LPC at the address listed previously. You may also file a complaint with the U.S. Secretary of Health and Human Services.

## **Use and Disclosure of Your Protected Health Information Without Your Authorization**

### **For Public Health and Safety Purposes as Allowed or Required by Law**

- To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
- To public health or legal authorities.
- To report suspected abuse or neglect to public authorities.
- To correctional institutions if you are in jail or prison.
- For law enforcement purposes such as when we receive a subpoena, court order, or other legal process.
- To the military authorities of U.S. and foreign military personnel.
- In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order.

### **Other Uses and Disclosures of Protected Health Information**

- Uses and disclosures not in the notice will be made only as allowed or required by law or with your written authorization.