

Fidelity Counseling

3134 Sutton Blvd. Maplewood, MO 63143

Phone: 314-246-0560 Fax: 888-717-4730

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.

Protecting your personal health information (PHI) is very important to Fidelity Counseling. Federal and state laws require Fidelity Counseling's programs to maintain the privacy of health information that is created or received. We at Fidelity Counseling want you to have a clear understanding of how we use and safeguard your PHI. PHI is individually identifiable information (including demographic information) relating to your past, present or future physical or mental health or condition, to the health care provided to you or to payment for health care.

Fidelity Counseling's Notice of Privacy Practices describes how we may use and disclose your PHI in order to carry out treatment, payment and health care operations and for other specified purposes that are permitted or required by law. Except in specified circumstances, Fidelity Counseling's use or disclosure of your PHI must be kept to the minimum necessary amount to accomplish the purpose of the use or disclosure. This notice also describes your rights to access and control your PHI.

This Notice takes effect July 1, 2010, and will remain in effect until Fidelity Counseling replaces it. A copy of the most current Notice will be posted in Fidelity Counseling's offices. Fidelity Counseling may modify the terms of this Notice at any time provided such changes are permitted by applicable law. The new Notice will be effective for all PHI in Fidelity Counseling's possession at the time of the change, and for any PHI received thereafter. Upon request, Fidelity Counseling will provide you with a revised Notice by sending a copy to you in the mail or providing one to you at your next appointment. You may request a copy at any time.

Fidelity Counseling will make a good faith effort to have you acknowledge your copy of the Notice of Privacy Practices. For more information about Fidelity Counseling's privacy practices, or for additional copies of this Notice, please contact our office using the information at the top.

USES AND DISCLOSURES OF HEALTH INFORMATION

Your PHI is used for Fidelity Counseling's treatment planning, billing, and operational purposes. In these cases, your consent is not required. Your PHI may also be used or disclosed without your authorization for several other reasons. This Notice provides you with examples in certain categories; however, not every possible use or disclosure in a category will be listed.

Treatment: Your PHI may be used or disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. For example, PHI will be recorded in your record and used to determine the course of treatment that should work best for you. Information gathered may be used for creating an assessment, developing a treatment plan, recording your progress in treatment, and assisting in developing your after-care plan. Health care treatment includes consultation with supervisors or other treatment team members, volunteers or interns who are involved in providing services for you, or interpreters needed to make your treatment accessible to you.

Fidelity Counseling's disclosure of PHI to any other treatment provider may only happen with your authorization.

Payment: Fidelity Counseling may use and disclose your PHI so that our office can bill to and collect payment from an insurance company or a third party for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. Insurance companies or third party payers may request evidence of Fidelity Counseling's services provided. For that purpose, the agency may allow them to inspect treatment and other records. Your PHI may be requested and reviewed by auditors as part of that process. The information that auditors review is expected to remain confidential.

Health Care Operations: Fidelity Counseling may use or disclose your PHI in connection with agency healthcare operations. These uses and disclosures are necessary to run the agency. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of staff, evaluating staff performance, conducting internal training programs, accreditation, certification, licensing or credentialing activities. This information will be used in an effort to continually improve the quality and effectiveness of Fidelity Counseling's services.

In addition to the above mentioned uses related to treatment, payment and health care operations, your PHI may also be used for the following purposes:

Appointment Reminders: Unless you provide us with alternative instructions, Fidelity Counseling may use and disclose your PHI to contact you and remind you of appointments.

Fidelity Counseling

3134 Sutton Blvd. Maplewood, MO 63143

Phone: 314-246-0560 Fax: 888-717-4730

Health Related Benefits and Services: Fidelity Counseling may use and disclose PHI to contact you to provide information or recommend possible treatment options or alternatives or to inform you of health-related benefits or services that may be of interest to you.

Release of Information to Family and Friends: Fidelity Counseling may disclose, with your verbal permission, your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Disclosures Required by Law: Fidelity Counseling will use and disclose your PHI when required to do so by federal, state, or local law, and must also disclose PHI to authorities who monitor compliance with these privacy requirements.

In addition to the situations described above, Fidelity Counseling's use and disclosure of your PHI may also occur under the following unique circumstances:

Public Health Risks: Your PHI may be disclosed to authorities that are authorized by Missouri law to collect information for the purpose of reporting incidents of suspected child abuse or neglect.

Health Oversight Activities: Your PHI may be disclosed to a health oversight agency for activities authorized by law. These oversight activities can include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Similar Proceedings: Your PHI may be used and disclosed in response to a court order.

Serious Threats to Health or Safety: Your PHI may be used and disclosed when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, Fidelity Counseling will only make disclosures to a person or organization able to help prevent or lessen the threat, including the target of the threat.

YOUR RIGHTS

Although your health record is Fidelity Counseling's property, the information in it belongs to you. You have the following rights:

The Right to Inspect and Copy: You have the right to inspect and obtain a copy of your PHI that is under Fidelity Counseling's maintenance and possession, including medical records (if we maintain any) and billing records (if we maintain any), but not including psychotherapy notes. If you request copies, you will be charged a reasonable, cost-based fee for the costs of copying, mailing, labor and supplies associated with your request. To inspect and copy your PHI, you must submit your request in writing.

Ordinarily, Fidelity Counseling will respond to your request within 30 days. If he needs additional time to respond, you will be notified in writing within the time frame above to explain the reason for the delay, and when you can have the final answer to your request.

Under certain very limited circumstances (e.g. where there is compelling evidence that access would cause serious harm to you) Fidelity Counseling may deny your request to inspect or copy your PHI. If you are denied access to part or all of your PHI, you have a right to have that determination reviewed. A licensed health care professional chosen by the Fidelity Counseling will review your request and the denial. The person conducting the review will not be the person who denied your request. The agency will comply with the outcome of the review. If Fidelity Counseling has reason to deny only part of your request, the part(s) that you are permitted to inspect or copy will be removed, and you will have complete access to the remaining parts.

The Right to Amend Your PHI: If you feel that any of your PHI in Fidelity Counseling's possession is not correct or is incomplete, you may ask the Privacy Officer to amend the information or add to the record. You have the right to request an amendment for as long as the record is maintained as Fidelity Counseling's property. To request an amendment, your request must be made in writing. Additionally, you must provide a reason that supports your request for an amendment. Fidelity Counseling will respond to your request within 60 days of receiving your request. If we approve a request for an amendment or an addition, he or she will add the corrected or additional information to your record.

Fidelity Counseling reserves the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Fidelity Counseling may deny your request if you ask to amend information that:

- Was not created by Fidelity Counseling, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Fidelity Counseling's services;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If Fidelity Counseling denies all or part of your request, you will be provided with an explanation of the reason(s) for doing so. You will have an

Fidelity Counseling

3134 Sutton Blvd. Maplewood, MO 63143

Phone: 314-246-0560 Fax: 888-717-4730

opportunity to submit a statement explaining your disagreement, which will be included in your records.

The Right to an Accounting of Disclosures: An accounting of disclosures is a list of the disclosures that have been made by Fidelity Counseling, if any, of your PHI. This list will include when, to whom, for what purpose, and what content of your PHI has been released.

You have the right to request an accounting of disclosures. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes.

The Fidelity Counseling will respond to your request for such a list within 60 days of receiving it. Your request must be made in writing and state a time period that cannot be longer than six (6) years and cannot include any dates before July 1, 2005. Your request should indicate in what form you want the list. The first accounting you request within a twelve (12) month period will be free. You may be charged for any additional lists provided in a twelve-month period. Fidelity Counseling will notify you of the cost involved, and you may choose to withdraw or modify your request at that time, before any costs are incurred. There are some disclosures that the agency does not have to track. For example, when you authorize disclosure of information by signing a release of information form, this disclosure does not have to be tracked.

The Right to Receive Communications of PHI by Alternative Means or at Alternative Locations: You have the right to request that Fidelity Counseling communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that the staff person contact you at work rather than at home, or that he or she contact you only by mail. It is not necessary that you provide a reason for your request, and we will accommodate all reasonable requests made in writing. Your request to receive confidential communications by alternative means or at an alternative location must clearly specify how or where you wish to be contacted.

The Right to Request Restrictions: You have a right to request a restriction or limitation on the PHI used or disclosed about you for Fidelity Counseling's treatment, billing, or health care operations as described in this Notice. You also have the right to request a limit on Fidelity Counseling's disclosures of medical information about you to someone who is involved in your care or in the payment for your care (like a family member or friend), or for notification purposes as described in this Notice.

If Fidelity Counseling agrees with your request, the agency will comply with the request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations). Regulations do not require that the agency agrees to your request, however. Fidelity Counseling will notify you if we are unable to agree to your requested restriction.

Any request for a restriction on Fidelity Counseling's use and disclosure of your PHI must be made in writing. Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit Fidelity Counseling's use, disclosure, or both; and (c) to whom you want the limits to apply.

The Right to Provide an Authorization for Other Uses and Disclosures: Your written authorization will be obtained for Fidelity Counseling's uses and disclosures that are not identified by this notice or not permitted by applicable law. Once you give authorization to release your health information, Fidelity Counseling cannot guarantee that the person or agency to whom the information is provided will not disclose the information. Any authorization you provide regarding Fidelity Counseling's use or disclosure of your PHI may be revoked at any time in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. After you revoke your authorization, your PHI will no longer be used or disclosed for the purposes described in the authorization, except under the following circumstances:

- Action has been taken in reliance upon your authorization before we received your written revocation.

Unless you provide a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice.

The Right to Obtain Copies of All Authorizations Signed by You: You have the right to request copies of all authorizations that you have signed.

The Right to Obtain a Paper Copy of This Notice: You have a right to a paper copy of this notice. You may ask Fidelity Counseling to give you a copy of this notice at any time.

How to Contact Fidelity Counseling:

If you want more information, have questions about this Notice, or want to submit a written request as required in any of the previous sections, please call the number or write to the address at the top of this Notice. Please address any written requests to the attention of the **Fidelity Counseling**.

Fidelity Counseling supports your right to the privacy of your PHI. If you believe your privacy rights have been violated, you can file a complaint in

Fidelity Counseling

3134 Sutton Blvd. Maplewood, MO 63143

Phone: 314-246-0560 Fax: 888-717-4730

writing with Fidelity Counseling.

All persons also have the right to file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services:

Office for Civil Rights

U.S. Department of Health and Human Services

601 East 12th Street - Room 248

Kansas City, MO 64106

(816) 426-7278; (816) 426-7065 (TDD)

(816) 426-3686 FAX

Fidelity Counseling will not retaliate against you in any way if you choose to file a complaint.