

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY
ACT OF 1996

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 THIS NOTICE CAREFULLY.

If you have any questions about this notice, please contact our Privacy Officer at the address listed at the end of this Notice.

Each time you visit one of our therapists a record of your visit is made. This record contains session notes, diagnosis, current and future treatment plans and billing-related information. This Notice applies to all of the records of your therapy generated by your therapist.

OUR RESPONSIBILITIES

Family and Children's Services of the Capital Region, Inc. (d/b/a/ CAPITAL COUNSELING), the organization that operates Capital EAP, is required by law to maintain the privacy of your health information and to provide you with a description of our legal duties and privacy practices regarding your health information. The current Notice will be posted in the main reception area and on our website at <http://capitalcounseling.org/health-insurance-portability-and-accountability-act-hipaa/>. The Notice will include the effective date. In addition, we will make our best effort to provide you with a copy of this Notice and request that you acknowledge receipt with your signature at the time of your initial appointment.

We are required by law to abide by the terms of this Notice and notify you if we make changes to this Notice, which may be at any time. Changes to the Notice will apply to your medical information that we already maintain as well as new information received after the change occurs. If we change our Notice, it will be posted in the main reception area and on our website at <http://capitalcounseling.org/health-insurance-portability-and-accountability-act-hipaa/>. You may also request that a revised Notice be sent to you in the mail or you may ask for one at your next appointment. This Notice also serves as to advise you of your rights with regard to your medical information.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe the different ways in which we may use and disclose your medical information:

Treatment. CAPITAL COUNSELING may use and disclose your medical information to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose your medical information when you need additional information from a prior provider. In addition, we may use and disclose medical information when we refer you to another health care provider.

Payment. CAPITAL COUNSELING may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your clinical services to determine if your insurer will cover, or pay for, the service. This may include reviewing services provided for emergencies and/or undertaking utilization review activities. We also may use and disclose your medical information to obtain payment

from third parties that may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services.

Health Care Operations. CAPITAL COUNSELING may use and disclose your medical information to support our business activities. These uses and disclosures are important to ensure that you receive quality care and that CAPITAL COUNSELING is well run.

These activities may include, but are not limited to, quality assessment activities, employee review activities, training of social work students, licensing, marketing, legal advice, accounting, billing and collections information and conducting or arranging for other business activities. We may also use or disclose your protected health information, as necessary, to contact you to remind you of your appointment or to remind you that you have a balance on your account. This may occur by phone, letter or automated telephone system. If you specify that you do not want us to contact you by telephone, we will make every effort to honor your wishes.

Business Associate- We may disclose your medical information to contractors, agents and other business associates who need the information in order to assist us in obtaining payment or carrying out our business operations. For example, we may share your medical information with a billing company that helps us to obtain payment from your insurance company. If we do disclose your medical information to a business associate, we will have a written contract to ensure that our business associates also protect the privacy of your medical information.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object:

CAPITAL COUNSELING also may use and disclose your health information as set forth below. You have the opportunity to agree or object to the use or disclosure of all or part of your health information (such as in an emergency situation), then your therapist may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be disclosed.

Treatment Alternatives/Health-Related Benefits and Services. CAPITAL COUNSELING may use and disclose your medical information to inform you of treatment alternatives and/or health-related benefits and services that may be of interest to you.

Individuals Involved In Your Care or Payment for Your Care: Unless you object, CAPITAL COUNSELING may release your medical information to a designated family member or other individual who is involved in your medical care, or who helps to pay for your care. In addition, we may disclose medical information about you to an entity assist in a disaster relief effort so that you family can be notified about your condition, status and location.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

As Required by Law: CAPITAL COUNSELING may use and disclose health information to the following types of entities, including but not limited to:

- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents

- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- Authorities that receive reports on abuse or neglect

Law Enforcement/Legal Proceedings: CAPITAL COUNSELING may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

State Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

OTHER LIMITATIONS

In accordance with state law, we will further limit the disclosures to third parties of any information concerning HIV related testing or status, genetic testing, and certain substance abuse or dependence treatment.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Capital Counseling; you have the following rights:

Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care generated by Capital Counseling. We ask that you submit these requests in writing. Usually this includes medical and billing records, but does not include psychotherapy notes or information compiled in a reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. Capital Counseling charges 75 cents per page for copies of your medical record.

Amend: If you feel that the medical information we have in your record is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request an accounting of our disclosures of medical information about you except for certain circumstances, including disclosures for treatment, payment, health care operations or where you specifically authorized a disclosure. All requests for an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but CAPITAL COUNSELING may charge you for additional lists within the same 12-month period. CAPITAL COUNSELING will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your

care or the payment for your care, like a designated family member or friend. We ask you to submit these requests in writing. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Confidential Communications. You have the right to request that CAPITAL COUNSELING communicate with you about your health and related issues in a particular manner, or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. We ask that you submit these requests in writing.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with CAPITAL COUNSELING or with the Secretary of the Department of Health and Human Services.

To file a complaint with CAPITAL COUNSELING, contact:

Privacy Officer
Capital Counseling
650 Warren Street
Albany, New York 12208,

or by email at: info@CapitalCounseling.org.

You will not be penalized or retaliated against for filing a complaint.

Right to Provide an Authorization for Other Uses and Disclosures. CAPITAL COUNSELING will obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain records of your care.