

# Encompass Mental Health Notice of Privacy Practices

## NOTICE OF PRIVACY PRACTICES - ENCOMPASS MENTAL HEALTH, LLC

**EFFECTIVE DATE: 1/1/2019**

**This notice explains how your medical information can or may be used and shared, and how you can get access to this information. Please read this information carefully and contact the therapist with any questions before continuing therapy services.**

This notice describes how Encompass Mental Health can and may use and share your protected health information. The information in this notice applies to all of your health information obtained by Encompass Mental Health, whether it is part of your medical record, invoices and bills, payment forms and receipts, or other information about you. This information applies to the protected health information gathered from Encompass Mental Health or by any other health care professional, employee or volunteer who participates in your case and communicates information with Encompass Mental Health.

**The therapist and any other employees or volunteers of Encompass Mental Health must comply with the policies and information shared in this notice. Any third party business or service that Encompass Mental Health utilizes for service provision must also comply with the policies and information shared in this notice.**

Encompass Mental Health understands that medical information is personal and should remain private. Encompass Mental Health is dedicated to protecting medical information about the clients it serves. Each client will have an electronic health record that describes and explains both the type of service and a description of the service, as required by ethical and legal requirements. This notice applies to all of these records that Encompass Mental Health maintains, whether this information is created by the therapist for scheduling, financial and clinical purposes, and even if this information is obtained by other health care professionals. Encompass Mental Health is required by law to:

- Keep your medical information private
- Give you this notice prior to providing mental health services so that you can be aware of Encompass Mental Health's legal responsibilities and privacy practices related to your medical information
- Follow the information and policies listed on this notice

### **Changes to this Notice**

Encompass Mental Health may change these policies at any time, but these policies must still comply with ethical and legal requirements. Any added changes will apply to the medical information that Encompass Mental Health already has about you, as well as any new information that is obtained after the changes occur. At your first appointment, you will be asked to acknowledge in writing that you received this notice. Encompass Mental Health will maintain copies of this notice in its current format and will distribute these copies to you upon request.

### **How Can Medical Information Be Used and Shared?**

Encompass Mental Health may use and share protected health information without your prior authorization in the following situations:

### **As Required by Law**

Whenever a medical or mental health agency is required by law to release information on the medical record, Encompass Mental Health must comply with these laws.

### **For Treatment**

Any information obtained by the therapist will be recorded in your medical record and used to decide what the most appropriate course of treatment is for you.

The therapist participates in case consultation with other mental health professionals. Your information may be shared in those consultations to help the therapist to act ethically and professionally in her treatment of you or your family. Identifying information will be removed to protect your confidentiality.

In the event of the therapist's long-term illness, injury or death, your medical record will be released to another licensed mental health professional listed in the therapist's will to ensure continuation of care and accessibility to your records.

### **For Payment**

Information such as name, address, date of birth, diagnosis and other identifying information may be shared with insurance companies. Medical law indicates that any person or agency paying for medical services has a right to information about the client/patient and the service provided.

Information such as name, address and phone number and other identifying information may be shared with third party collection agencies for unpaid balances.

When processing payments, financial institutions may gain access to your name in connection with services offered at Encompass Mental Health. If you are uncomfortable with this, it is best to pay in cash.

### **Health Care Regulation**

When regulating agencies need to complete audits, inspections or other checks and balances on client information as authorized by law.

### **Benefits Agencies**

When Worker's Compensation or Disability agencies request information to properly handle a client's claim, Encompass Mental Health may use or disclose medical information about the client in question for Worker's Compensation or similar programs as required by law.

### **Child Abuse & Neglect**

When information related to child abuse and neglect, past, present or future intent, is obtained by the therapist in any way. In this situation, Encompass Mental Health is required by law to report this information to Child Protective Services and/or law enforcement.

## **Harm to Self or Others**

When information related to an intended threat to the health and safety of the client, the therapist, or any other person is obtained by the therapist in any way, Encompass Mental Health is required by law to release information about the medical record to ensure safety. If Encompass Mental Health believes that sharing confidential information is necessary to protect against immediate harm to the client or another person, Encompass Mental Health may share this information to those persons who can address this problem

Examples of entities include law enforcement, the intended victim, Child Protective Services, residential mental health facilities, etc.

## **Law Enforcement**

If law enforcement contacts Encompass Mental Health and identifies the client by name as currently involved in a law enforcement situation, Encompass Mental Health must provide enough information to help law enforcement protect the client and the community.

## **Legal Proceedings**

When court proceedings, such as lawsuits or other legal proceedings, demand client information such as records or a therapist's testimony with a court order, subpoena, qualified protective order or discovery request, this information must be released.

## **Incarcerated Individuals**

If you are an inmate in a correctional institution or under the custody of law enforcement officials, we may release information about the client to the correctional institution as authorized by law.

## **Military and Veterans**

If you previously were or currently are a member of the armed forces, Encompass Mental Health may release information about you to military command authorities as required or authorized by law.

## **Research Purposes**

If Encompass Mental Health records are selected for research studies that have been evaluated and approved through a research approval process, records with no identifying information may be released to the agency or agencies that conduct that research, but these agencies will have regulations to protect all clients' privacy.

## **Encompass Mental Health also may contact you to:**

- Remind you of upcoming appointments
- Check in with you on missed appointments
- Inform you about or recommend possible treatments, referrals, health-related benefits or other services that may be of interest or benefit to you

## **Right to Revoke**

In cases in which Encompass Mental Health needs to release information to a third party and the reason for this is not covered by this notice, Encompass Mental Health will ask for and obtain your written authorization to release this information according to your specification. If you choose to authorize release of information between Encompass Mental Health and another third party, you can revoke this authorization at any time by notifying Encompass Mental Health in writing about your decision. After a permission to release information has been revoked, Encompass Mental Health will not use or release your information, if compliant with law. You may not revoke an authorization to release information to the extent that:

1. Encompass Mental Health has already acted upon that authorization
2. The authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.
3. The authorization to release information is required by law.

### **Your Health Information Rights:**

You have the following rights regarding the medical information that Encompass Mental Health retains about you:

#### **You have the right to look at or obtain a copy of requested medical information when you provide a written request**

If you request a copy of the information that Encompass Mental Health possesses, Encompass Mental Health may charge a fee for the costs of copying, mailing or otherwise complying with this request. If your request for this information is denied by Encompass Mental Health, it could be because the therapist releasing the information believes that the client or another person could be seriously harmed by the release of this information to the client or client's legal guardian. If your request for this information is denied, you may submit a written request for review of that decision. Encompass Mental Health will discuss with you the option to review the reason for this denial with another licensed mental health professional not affiliated with Encompass Mental Health. The review and decision made by this licensed mental health professional will act as the final authority on the request, and no further reviews will be allowed.

#### **You have the right to confidential communications.**

For typical communication, Encompass Mental Health will contact you at the contact information that you provide to Encompass Mental Health on an ongoing basis. If at any time you wish to change the method for which Encompass Mental Health is to contact you, you may update this information at any time. You may need to provide additional information regarding how much information can or should be shared at that location or number. Encompass Mental Health will comply with your request if it is reasonable. If your request denies Encompass Mental Health the right to communicate with your health insurance company, you will need to make payment arrangements prior to receiving services.

#### **You have the right to appeal.**

If you believe that the medical information that Encompass Mental Health has about you is incorrect in any way, you may ask for the information to be changed by providing a request in writing that explains your reason for requesting the change. Encompass Mental Health may deny this request if:

The information was not created by Encompass Mental Health

The suggested changes are not relevant to the medical information that Encompass Mental Health has in the medical file

The suggested changes would impact the integrity of the current medical information obtained by Encompass Mental Health.

The changes are for any other reason not relevant to the medical information obtained by Encompass Mental Health.

**You have the right to receive notice of disclosures.**

In the event that information is shared about you, your therapist will make an honest effort to notify you verbally of this release. For a summary of all of the disclosures that have been made regarding your medical information, you may make a written request to receive this information in writing from Encompass Mental Health. This summary will include the date and entity whom the information was shared with, but not the detailed information that was shared if this is not deemed in the best interests of the client, the client's family, or another involved party. If your request includes dates that are more than 1 year in the past, Encompass Mental Health may charge a fee for providing this document to you. Encompass Mental Health will notify you of the amount of this fee before creating the summary for you so that you can withdraw your request because of the fee if you so desire.

**You have the right to ask for restrictions.**

You have the right to request that Encompass Mental Health not release information to certain entities. However, if listed on this notice or required by law, Encompass Mental Health is not required to comply with your request of restrictions.

If your request is for confidentiality with health insurance companies, Encompass Mental Health will comply with this request as long as you pay for all of your costs out of pocket.

**You have the right to be notified if your Protected Health Information is compromised.**

HIPAA regulations require medical health entities to notify clients or patients when their information has been released in a manner inconsistent with law. You have a right to be notified if:

Your information is released in violation of the HIPAA Privacy Rule

Your information was not properly encrypted according to government protocol

It is assessed that your Protected Health Information has been compromised or is at risk of being compromised

You have the right to a paper copy of this notice.

You have the right to have a paper copy of this notice in your possession upon receipt of this first notice, and upon request at any other time.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Adam Learning, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at Encompass Mental Health, LLC or with the Secretary of the Department of Health and Human Services. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

### **U.S. Department of Health and Human Services**

Office of the Secretary

200 Independence Avenue, S.W.

Washington, D.C. 20201

Tel: (202) 619-0257

Toll Free: 1-877-696-6775

<http://www.hhs.gov/contacts>

### **Encompass Mental Health, LLC**

Adam Learning

Privacy Officer

5000 South Minnesota Avenue Suite 400 Sioux Falls, SD 57108

605-275-0009

## **NOTICE OF PRIVACY PRACTICES AVAILABILITY**

This notice will be prominently posted in the office where registration occurs. You will be provided a hard copy, at the time we first deliver services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's Web site (if applicable Web site exists) for downloading.