



Notice of Privacy Practices

This notice describes how information about you may be used/disclosed and how you can access this information. Please review it carefully.

Purpose of this Notice:

We are required by State and Federal law to maintain confidentiality and privacy of your protected health information. We are also required to give you this Notice of our Privacy Practices. “Protected Health Information” is information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. Any support services, provided to you by Anchorpoint Counseling Ministry are considered to be protected under the “Protected Health Information” laws.

Understanding Your Record/Information:

Depending on which program(s) you are involved with at Anchorpoint Counseling Ministry your record could contain such protected health information as symptoms, assessment and testing results, diagnoses, treatment, and discharge planning. The information in your record serves as a:

- + Basis for planning your care and treatment
- + Means of communication among treatment staff members
- + Document describing the care you received
- + Means by which a referring organization or third party-payer can verify that services billed were provided
- + Tool to improve the care we render and the outcomes we achieve.

Uses and Disclosures of Your Information for Treatment:

We will use and disclose your protected health information to provide, coordinate or manage your mental, behavioral and other health care services. For example, we may disclose this information to:

- + Clinical staff or other personnel who are helping to provide you with health care services
- + Different departments of the organization may share your protected health information in order to coordinate the various services needing to be provided to you.

Uses and Disclosures of Your Information for Payment:

Your protected health information will be used to obtain payment of your health care services. This may include certain activities such as seeking authorization for services, review for medical necessity, and processing of claim forms. For example, your identifying information, diagnosis and procedure(s) may be noted on claim forms.

Uses and Disclosures for Health Care Operations:

We may use or disclose your protected health information as needed in order to support our operations. These activities include, but are not limited to, quality improvement activities, licensing, auditing and organization business functions. For example, we may disclose your protected health information to:

- + State licensure and other reviewers and inspectors serving accreditation organizations
- + The use of your name to inform staff of your arrival for scheduled services
- + A court, or an office of the court, when required to do so

Other Permitted or Required Uses and Disclosures:

In certain circumstances, we may use or disclose your protected health information without your consent or authorization. These situations include, but are not limited to, the following:

- + The disclosing of protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect.
- + Local law enforcement in cases of emergency or necessary investigations
- + We may be required to report certain incidents to governmental agencies or accreditation bodies

Protection of Health Information:

Other uses and disclosures of your protected health information not covered by this Notice or by laws that apply to us will be made **ONLY** with your written authorization. You may revoke this authorization at any time in writing. However, we cannot undo any disclosures we have already made.

Your Rights Regarding Your Protected Health Information:

You have the following rights with respect to your protected health information:

- + You have the right to request restrictions or limitations on your protected health information that we use or disclose for your treatment, payment, or health care operations, or give to family members or friends who may be involved in your care. You are required to request this restriction in writing. However, we are not required to agree to a restriction that you may request.
- + You have the right to request to receive confidential communications from us in a certain way or at an alternative location, such as at home or by mail. This request must be made in writing.
- + You have the right to inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. To inspect and copy this information, submit your request in writing. We may charge fees for the costs of copying, mailing or other related costs. We may deny your request to inspect or copy in compliance with State or Federal laws.
- + You have the right to amend your protected health information that you determine is incorrect or misleading. You may prepare a statement for inclusion as part of the record. If accepted, this amended information will be appended to the record and released with the record on future releases. In certain cases, we may deny a request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and provide you with a copy of any such rebuttal.
- + You have the right to request in writing an accounting of any disclosures regarding your protected health information. The right to receive this information is subject to certain exception, restrictions and limitations.

If you believe we have violated these privacy rights or if you want to make an amendment to your record, you may contact the following persons:

- + The Executive Director of Anchorpoint Counseling Ministry
- + The Department of Human Services or the Department of Public Welfare



CLIENT BILL OF RIGHTS

1. Clients have the right to be treated with consideration and respect.
2. Clients have the right to expect that a licensed counselor or supervised intern has met the minimal qualifications as required by State law.
3. Clients have the right to expect that we will respond to their request for service to the best of our ability. These services include evaluation, treatment and, if treatment needs cannot be met, referral to another agency or facility in a responsible manner.
4. Clients have the right to expect that we will explain to them or to an appropriate person on their behalf, current information regarding diagnosis, treatment and prognosis.
5. Clients have the right to obtain a copy of the Code of Ethics published by the National Association of Social Workers and/or American Association for Marriage and Family Therapy which are the ethical guidelines of this agency.
6. Clients have the right to be informed of costs for professional services before receiving service.
7. Clients have the right to information about their case record, and to have the information explained clearly and directly.
8. Clients have the right, if no legal conflict is involved, to refuse treatment following an explanation of the consequences of this action and the receiving of alternative treatment referrals.
9. Clients have the right to expect that all communications and records pertaining to their care are treated as confidential, except as required by law.*

*Reporting of a situation which shows “clear and imminent danger” to self or another, reporting of neglect, or the physical, or sexual abuse of a minor child, and the examination of records by the court through subpoena.



CANCELLATION POLICY

If you find it necessary to cancel a scheduled appointment, please call the **Anchorpoint Counseling Ministry** offices with AT LEAST twenty-four (24) hours notice of the said scheduled appointment time.

Call 412-366-1300

YOU ARE RESPONSIBLE FOR CONTACTING YOUR COUNSELOR REGARDING THE CANCELLATION OF APPOINTMENTS. IF YOU FAIL TO NOTIFY YOUR COUNSELOR OF A CANCELLATION, WITHIN THE TWENTY-FOUR (24) HOUR WINDOW, YOU WILL BE BILLED \$20.00 FOR THE MISSED SESSION.

This arrangement makes it possible for us to make maximum use of available clinical time as well as making the appointment time available for other clients.

- Thank You -