

LIKEMIND

Mental Health & Wellness, Inc.

Notice of Policies to Protect the Privacy of Your Health Information based on the Health Insurance Portability and Accountability Act

The purpose of this notice is to describe to you how your psychological and medical information may be used and disclosed, and how you can access this information. Please carefully review this information. Effective date October 1, 2003.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

LIKEMIND Mental Health & Wellness, Inc. may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent.

“PHI”, or protected health information, refers to information in your health record that could identify you.

Treatment is when LIKEMIND Mental Health & Wellness, Inc. provides, coordinates, or manage your health care and other services related to your health care and documents these services. An example of treatment would be consultation with your primary care physician.

Payment is when LIKEMIND Mental Health & Wellness, Inc. obtains reimbursement for your healthcare. Examples of payment are when your PHI is disclosed to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.

II. Uses and Disclosures Requiring Authorization

LIKEMIND Mental Health & Wellness, Inc. may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An appropriate authorization is written permission above and beyond the general consent. You may revoke authorizations at any time, provided each revocation is provided in writing. You may not revoke an authorization if 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.

III. Uses and Disclosures with Neither Consent nor Authorization

LIKEMIND Mental Health & Wellness, Inc. may use or disclose PHI without your consent or authorization in the following circumstances:

Abuse or Neglect: If a LIKEMIND Mental Health & Wellness, Inc. clinician believes in her or his professional opinion that there is reasonable cause to believe that a minor child or an elderly person is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the individual's health or welfare (including sexual abuse), or from neglect, he or she is required by law to immediately report such condition to the Massachusetts Department of Social Services or Massachusetts Department of Elder Affairs.

Health Oversight: If LIKEMIND Mental Health & Wellness, Inc. is the focus of an inquiry, state and federal agencies have the power to subpoena relevant records.

Serious Threat to Health or Safety: If you communicate to a LIKEMIND Mental Health & Wellness clinician an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, we are required by law to take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying police or others in law enforcement, or arranging for your psychiatric hospitalization. Additionally, if you present a clear and imminent risk to yourself and refuse to accept further appropriate treatment, a LIKEMIND Mental Health & Wellness, Inc. clinician may seek your psychiatric evaluation and potential hospitalization and may contact members of your family or others if this would be appropriate to ensure your safety.

Worker's Compensation: If you file a workers' compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Worker's Compensation.

IV. Patient's Rights

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, LIKEMIND Mental Health & Wellness, Inc. is not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (e.g. use of a specific phone number, information sent to a specific address).

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in mental health and billing records. LIKEMIND Mental Health & Wellness, Inc. may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. LIKEMIND Mental Health & Wellness, Inc. may deny your request.

Right to an Accounting – You have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice).

Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request.

Right to a Complaint- You have the right to register a complaint.

V. Responsibilities and Duties of the Practice:

LIKEMIND Mental Health & Wellness, Inc. is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. We reserve the right to change the privacy policies and practices described in this notice. Revised policies and procedures will be displayed in our offices.

VI. Questions and Complaints

If you have questions about this notice, disagree with a decision LIKEMIND Mental Health & Wellness, Inc. has made about access to your records, or have other concerns about your privacy rights, you may contact Tessa Hayes, LISCW of LIKEMIND Mental Health & Wellness, Inc at 508-635-4360. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. LIKEMIND Mental Health & Wellness will not retaliate against you for exercising your right to file a complaint.