

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED MENTAL HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

CLTatum & Associates is required to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices.

CLTatum & Associates will not use or disclose your health information except as described in this notice.

If you consent, CLTatum & Associates is permitted by federal privacy laws to make uses and disclosures of your mental health information for purposes of treatment and payment. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, medical history, intake results, diagnoses and treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

- A mental health professional and/or office assistance may obtain information about you and share this information with the attending provider and may put this information in a health record.
- During the course of your treatment the attending provider may determine that it is necessary to consult with another provider or specialist. If this occurs your client information will be shared with that individual to get their input on the situation.
- During the course of your treatment the attending provider may be mandated by the Arizona Administrative Office of the Court and the Arizona Department of Economic Security, Maricopa County Juvenile Court, other Arizona State Office or other payer source will require reports regarding your mental health services.
- If prior authorization is required for specific treatment necessary information will be given to the requesting entity to have the authorization approved. Examples of use of your mental health information for payment purposes:
- When necessary we submit requests for payment to your health insurance company. The health insurance company requests health information from us regarding mental health care given. We will provide information to them about you and the care given, which may include copies or excerpts of your mental health record which are necessary for payment of your account. For example, a bill sent to your health insurance company may include information that identifies your diagnosis and the procedures used. If you are a client who services are paid by the Arizona Administrative Office of the Courts, Maricopa County Juvenile court or the Arizona Department of Economic Security or if you are a cash paying patient this paragraph does not apply to you.

Your client information will not be used for any other purposes without written authorization from you. Such authorization may be revoked in writing unless the provider has acted in reliance on it.

### Health Information Rights

The health and billing records we maintain are the physical property of CLTatum & Associates. The information in it, however, belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to CLTatum & Associates.
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request to CLTatum & Associates.
- Request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request in writing to CLTatum & Associates.
- Appeal a denial of access to you protected health information except in certain circumstances.
- Request that your healthcare record be amended to correct incomplete or incorrect information by delivering a written request to CLTatum & Associates.
- File a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information made to family members or friends in the course of providing care.
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact the Office Manager at: 623-876-2029, PO Box 5160, Peoria, AZ 85383.

You have the right to review this "Notice" before signing the consent authorizing use and disclosure of you protected health information for treatment and payment purposes.

### Our Responsibilities

CLTatum & Associates is required to:

- Maintain the privacy of your health information as required by law,
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this "Notice";
- Accommodate your reasonable requests regarding methods to communicated health information with you.

We reserve the right to amend, change or eliminate provision in our privacy practices and access practices and enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our "Notice". You are entitled to receive a revised copy of the "Notice" by calling and requesting a copy.

### To Request Information or File a Complaint.

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the Office Manager at 623-876-2029.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to the Office Manager. You may also file a complaint by mailing it to the Secretary of Health and Human Services whose street address is 200 Independence Avenue SW, Suite #615F, Washington, D.C. 20201.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Humans Services (HHS) or Office of Civil Rights (OCR) as a condition of receiving treatment from CLTatum & Associates.
- We cannot, and will not, retaliate against you for filing a complaint with HHS or O

## CLIENT'S RIGHTS & RESPONSIBILITIES

At the time of admission to service, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent shall be provided a written list and verbal explanation of the following:

### Client's Rights:

1. To be treated with dignity, respect and consideration;
2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
3. To be informed of and consent to the proposed treatment/services including the intended outcome, the nature of the proposed treatment/services, any procedures involved in the proposed treatment/services, risk or side effects of the proposed treatment/services and any alternatives to the proposed treatment/services;
4. To receive treatment that;
  - Supports and respects client's individuality, choices, strengths and abilities
  - Supports client's personal liberty and only restricts client's personal liberty according to a court order or by client's consent
  - Is provided in the least restrictive environment that meets client's treatment needs
  - Incorporates the family members, guardian, and/or other support persons, as appropriate
5. Not to be prevented or impeded from exercising client's civil rights, unless client has been adjudicated incompetent or a court of competent jurisdiction has found client unable to exercise a specific right or category of rights;
6. To submit grievances to agency staff members, outside entities and other individuals without constraint or retaliation, and to have grievances considered in a fair, timely and impartial manner;
7. To seek, speak to, and be assisted by legal counsel of the client's choice at client's expense;
8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising these client's rights;
9. To have the client's information and records be confidential and released only as permitted by state or federal law, court order or as authorized in writing by the client's legal guardian;
10. To review upon written request, by client or the client's legal guardian, their documents created ONLY by the CLTatum & Associates Counseling agency, during normal agency business hours or an agreed upon time between client's legal guardian and the agency representative;
11. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent except:
  - For photographing for identification and administrative purposes as provided by A.R.S. Title 36-507 (2)
  - For video recordings used for security purposes that are maintained only on a temporary basis
12. To be free from abuse, neglect, exploitation, coercion, and manipulation;
13. To have client's parent, guardian, custodian, (if applicable) or agent participate in treatment decisions and in the development and periodic review/revision of client's written treatment/service plan;
14. To participate or refuse to participate in religious activities
15. To refuse to acknowledge gratitude to agency or agency staff through written statements, social/or other media, or speaking engagements at public gatherings;
16. Have the right to express any complaints or dissatisfaction with agency staff to the following:
  - CLTatum & Associates Counseling CEO or Executive Director: (623-876-2029)
17. Have the right to express any complaints or dissatisfaction with the assigned counselor or the counseling office to:
  - Arizona Board of Behavioral Health Examiners: (602-542-1882)
18. Must be informed if their counselor is receiving supervision for clinical responsibilities and be provided supervisors name and contact information at the time of treatment consent;
19. Have the right to contact the supervisor with questions, concerns, disputes or complaints;
20. Remember counselors are "mandated reporters," meaning if you tell us you're going to hurt yourself or someone else; or if you tell us someone is abusing you physically or sexually, we must report this to the proper authorities.

### Client's Responsibilities:

- To be present for scheduled counseling sessions
- To notify counselor upon cancellation/rescheduling, if possible, 24 hours prior

## RELEASE OF INFORMATION

I hereby authorize CLTatum & Associates Counseling, located at 17505 N 79 <sup>th</sup> Ave. 311-G, Glendale, AZ 85308 to release information described below to:			
Name and/or Agency requesting information	<ul style="list-style-type: none"> <li>Arizona Department of Child Safety</li> <li>Arizona Juvenile Courts</li> <li>Any individual, agency or entity identified by client</li> </ul>		
TYPE OF REQUEST (all that apply)			
Counseling Records	Attendance Records	Psycho-educational activities	Other
Behavioral/Mental Health	Assessment/Evaluation	Medical History	Diagnosis/Prognosis
	Discharge Report	Substance Abuse Information	Treatment Plan/Updates
	Progress Note	Progress Report	Other
ADCS and Juvenile Courts	Client information from courts must be sent by probation officer or case manager only		
Purpose	To collaborate efforts for client care		
Expiration Date of ROI	One year from date of request		
Other Conditions	As requested by court or client		

I understand that my records are protected under the Federal and State Privacy and Confidentiality Regulations and cannot be disclosed, without my consent. I certify that this consent has been given freely and voluntarily. I understand that services are not contingent upon this consent for Release of Information. I may revoke this authorization at any time, except to the extent that action has been taken on this consent and will automatically expire on the date and/or under the conditions specified above.

## CONSENT FOR TREATMENT

1. I/we have been provided a verbal explanation and understand our client's rights
2. I/we have received a copy of agency's Client's Rights & Responsibilities Form
3. I/we have been explained the agency's Privacy Practices
4. I/we have been informed that services may be provided thru a Telehealth model of delivery
5. I/we have been provided instruction and understand the Telehealth model of service delivery
6. I/we participated in constructing and understand the therapeutic treatment plan
7. I/we agree to the treatment plan and consent to treatment
8. I/we fully understand counseling may or may not change any of the problematic issues stated
9. I/we fully understand consent is voluntary and may be withdrawn at any

## ASSIGNED COUNSELOR AGREEMENT

I agree to the counselor assigned to me by CLTatum & Associates. I understand that I may request a new counselor at any time of treatment. I have the right to express any complaints or dissatisfaction with the assigned counselor or the counseling either to the Agency Office: (623-876-2029) or the Arizona Board of Behavioral Health Examiners:(602-542-1882)