

DAYBREAK COUNSELING SERVICES NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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

SUMMARY PAGE – This cover page gives you an overview of the privacy rules that govern our record-keeping related to the treatment you receive from Daybreak Counseling Services. More detailed explanations and examples are offered on the subsequent pages.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide mental health care

Our Uses and Disclosures

We may use and share your information:

- When you have given us your written permission to do so
- In compliance with laws related to mandatory reporting of abuse and neglect
- In response to lawsuits and legal actions
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Address workers' compensation, law enforcement, and other government requests

Details about your rights, choices and our disclosures of your protected health information

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- We will never share any substance abuse treatment records without your written permission, per federal law 42CFR part 2. Page 5 of this document, labelled “Limitations to Confidentiality,” spells out the lawful limitations under which we *cannot* keep confidentiality.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- In these cases we *never* share your information unless you give us written permission:
Marketing purposes • sale of your information • most sharing of psychotherapy notes

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those for which you have given us your written permission. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Your Rights (continued)

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1- 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care. This would require written permission from you. We will ask you for an emergency contact number, but will not contact that designated individual without your written permission except in the case of a true emergency.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Coordinating your treatment:

With your written permission we can use your health information and share it with other professionals who are treating you.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities, based on the contractual agreement we both have with your health plan.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good. We have to meet many conditions in the law before we can share your information for these purposes. <http://www.hhs.gov/hipaa/for-individuals/faq/index.html>

How else can we use or share your health information? (continued)

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence toward children or vulnerable individuals
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We will respond to a subpoena only after we have done everything within our power to protect your information. We are required to respond to a court order.

In the event that you file a complaint or legal action against Daybreak Counseling Services or its staff, we will retain the right to disclose records relevant to the complaint/legal action.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. Even if you tell us we can share certain information, you may change your mind at any time. You must let us know in writing if you change your mind; the change will affect our actions from that point forward.

For more information see: <http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office.

Effective Date of this Notice: 9/23/2013, rev. 02/25/2016

Privacy Officer for Daybreak Counseling Services:

Daniel Cooper, LPCMH 302-422-7021
dcooper@daybreakcounseling.org



Limitations To Confidentiality

While Daybreak is strongly committed to the protection of your confidential information, we need to raise your awareness of some important, legally-mandated exceptions to confidentiality. Please review the following circumstances under which your counselor would be legally mandated to report information you shared:

- 1. Abuse of a child, elderly person, or person physically or mentally impaired. If the counselor becomes aware of or suspects such violations, he/she must report this information to the appropriate agencies for the protection of the vulnerable person.**
- 2. Plan to harm self. If a client appears at imminent risk to take his/her own life, the counselor must take action to prevent this. The intervention chosen would be designed to create the lowest level of intrusion possible, while still assuring safety. This might include enlisting the assistance of family members or friends, arranging transport for a psychiatric evaluation, up to and including accessing emergency assistance.**
- 3. Plan to harm someone else. If a client demonstrates intent to harm another individual, it is the counselor's legal and ethical "duty to warn" the intended victim, as well as the authorities.**
- 4. Court subpoena. If client is involved in a legal process, the counselor may be directed to release a portion of the records, as mandated through court officials.**

In addition to these exceptions, your counselor routinely consults with peers about various cases. Typically, no identifying information is revealed during such consultations. In the event where your counselor will be away for an extended period, he/she may ask for your written permission to share your name and a brief synopsis of your counseling to the person who will be covering for him/her. As noted in the HIPAA explanation, your name may be shared within the agency for administrative purposes.

Any other release of information about your counseling is limited to disclosures conforming to HIPAA regulations or with a written release of information that you have authorized by your signature. The emergency contact number you provided on the intake form will be used only in an urgent situation where we believe your well-being is seriously at risk. Your initials below acknowledge that you were given the opportunity to review the full Daybreak Counseling Services Notice of Privacy Practices.

Initials **Date** **Initials** **Date** **Initials** **Date**