



Recovery Help Now, Inc.

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NOTICE OF PRIVACY PRACTICES

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

Recovery Help Now (RHN) HAS A LEGAL DUTY TO SAFEGAURD YOUR PROTECTED HEALTH INFORMATION (PHI).

RHN commits to protecting the privacy and security of Personal Health Information concerning our clients. This policy is designed to assure our compliance with all applicable federal and state laws and regulations that require an individual's personal health information to be kept confidential and private. We are legally required to protect the privacy of your PHI, which includes information that can be used to identify you that we create or receive about your past, present, or future mental health or condition, the provision of mental health care to you, or the payment for this mental health care. We must provide you with this Notice about privacy practices, and such Notice must explain how, when, and why we will "use" and "disclose" your PHI. PHI is "disclosed" when it is released, transferred, given to, or is otherwise divulged to a third party necessary to accomplish the purpose for which the use or disclosure is made. We are legally required to follow the privacy practices described in this Notice.

RHN reserves the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI on file with us already. Before we make any important changes to policies, we will promptly change this Notice and post a new copy of it in the office and on our website. You can also request a copy of this Notice from us, or you can view a copy of it in our office or at www.recoveryhelpnow.com.

I. USE AND DISCLOSURE OF YOUR PHI

We may use and disclose your PHI for different reasons. For some of these uses or disclosures, we will need your prior authorization; for others, however, we do not. Listed below are the different categories of our uses and disclosures along with examples, which may occur in each category.

RHN can use and disclose your PHI without your consent for the following reason:

A. To Obtain Payment for Treatment. RHN can use and disclose your PHI to bill and collect payment for the treatment and services provided by us to you. For example, we may provide your PHI to billing companies, claims processing companies, and others that process our health care claims.

Patients who are attempting to obtain reimbursement from their insurance company should be aware that the insurance provider might request information from us. Information requested by insurance companies is generally limited to diagnosis and dates of service. Some insurance companies require pre-certification and others will only authorize ongoing treatment based on medical necessity. We will not discuss your case without your prior authorization and written consent. We will review any information exchanges with you prior to the event whenever possible.

B. For Health Care Operations. RHN can disclose your PHI to operate our practice. For example, we might use your PHI to evaluate the quality of health care services that you received. We may also provide your PHI to our accountants or attorneys, to make sure we're complying with applicable laws.

C. Marketing and Outreach

RHN may contact you for marketing purposes or fundraising purposes, as described below unless you request otherwise:

For example, RHN may send you a newsletter and/or calendar of upcoming events. We may also contact you by phone to remind you about upcoming workshops or lectures that we think may benefit your treatment.

Phone calls and online services go with the territory of our work. We will always try to be available to you for emergencies. For non-emergency calls, we will contact you as soon as we can. Phone calls are subject to fees comparable to those for office visits. There may be times when a message may not reach our RHN staff. If a significant amount of time passes and we have not returned your call, please try reaching us again.

We understand that the demands of work or family can make it difficult to schedule appointments. We will do our best to accommodate difficult or unusual scheduling requests wherever possible. Individual sessions are typically 45 -50 minutes in length, group therapy typically 1.5 hours in length.

D. Other Uses and Disclosures, Which Do Not Require Your Consent. We can use and disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by federal, state or local law; judicial or administrative proceedings; or law enforcement. We may make a disclosure to applicable officials when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding. If any health professional have reason to believe that a child, minor or dependent adult is being abused, molested, or neglected, the law mandates that we contact the appropriate authorities and file a report as soon as possible. Further, if you are using confidentiality as a means of avoiding legal punishment, privilege is waived.

2. For public health activities. For example, we may have to report information about you to the county coroner.

3. For health oversight activities. For example, we may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization

4. To avoid harm. In order to avoid a serious threat to the health or safety of a person, yourself or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm, under a mandated reporter. We are bound by the law to contact the person(s) involved and warn them of possible danger.

5. For workers' compensation purposes. We may provide PHI in order to comply with workers' compensation laws.

6. Appointment reminders and mental health related benefits or services. We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other mental health care services or benefits we offer.

7. We may also disclose your PHI to others without your consent if you need emergency treatment, as long as we try to get your consent after treatment is rendered, or if we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.

E. Uses and Disclosures That Require You to Have the Opportunity to Object: We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

F. Uses and Disclosures That Require Your Prior Written Authorization. In any other situation not described in sections above, we will ask for your authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action in reliance on such authorization) of your PHI by RHN.

I. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI.

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that RHN limit how we use and disclose your PHI. We will consider your request, but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

A. The Right to Choose How RHN Sends PHI to You. You have the right to ask that RHN send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request as long as we can easily provide the PHI to you in the format you requested.

B. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but know who does, we will tell you how to get it. We will respond to you within 30 days of receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, the reasons for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, we will charge you not more than \$.25 for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI.

C. The Right to Get a List of the Disclosures RHN Has Made. You have the right to get a list of instances in which RHN has disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operation, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 14, 2003.

RHN will respond to your request for an accounting of disclosures within 5 business days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you \$25.00 fee for each additional request.

D. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that RHN correct the existing information or add the missing information. You must provide the request and the reason for the request in writing. We will respond within 60 days of receiving your request to correct or update your PHI. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by RHN, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

E. The Right to Get This Notice by E-mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

III. OTHER POLICIES REGARDING PHI AND TREATMENT.

RHN does not provide medications. We will be glad to make a referral to an appropriate medical doctor or psychiatrist should this be requested or indicated. Patients are required to notify their therapist of their intention to terminate therapy at least one week in advance. This will allow us an opportunity to discuss and provide appropriate discharge recommendation. Individual sessions are typically 45- 50 minutes in length, Group Therapy is 1.5 hours. Our policy is that we must be notified at least 48 hours in advance if rescheduling is necessary. Sessions missed without 48 hours notice require payment.

IV. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that RHN may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. RHN will take no retaliatory action against you if you file a complaint about its privacy practices.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

RHN is required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice, need to file complaint, or if you want more information about your privacy rights, please contact: Elana Clark-Faler, LCSW, CSAT 888-851-2666 x2. If she is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

VI. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003

Please Keep this Above Document for Your Records

RHN has received a copy of the latest guidelines related to disclosure and privacy of my PROTECTED HEALTH INFORMATION (PHI). These guidelines went into effect on April 14, 2003.

Signature _____ Date

Please Print this Form and Mail or Bring to the Office on Your First Visit
to: RHN, 8170 Beverly Blvd., Ste 100 A & B, Los Angeles, CA 90048.
Fax 323-951-1119.