NOTICE OF PRIVACY PRACTICES
FOR USE AND SHARING OF PROTECTED HEALTH INFORMATION

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.

Fortier Counseling (FC) pledges to offer the highest quality of care and respect the privacy and confidentiality of your protected health information (PHI). FC is required to abide by the terms of the Notice of Privacy Practices (NPP) currently in effect. You can always request a copy of this Notice from FC.

This Notice of Privacy Practices is being given to you because Federal law gives you the right to be told ahead of time about:
• How FC will handle your medical information,
• FC's legal duties related to your medical information,
• Your rights with regard to your medical information.

FC makes a record each time you receive services. Your records have information about your diagnosis, symptoms, examination, results and billing for services. This information, along with the record of the care you receive, is “protected health information” (or “health information.”) The information in your medical record is kept in paper form and/or in an electronic form on the computer. FC uses your health information within its system, and shares your health information outside its system in order to give you excellent psychiatric care. This Notice tells you how Fortier Counseling uses and shares your health information for these and other purposes. It also tells you when we need your specific permission to do so.

A. HOW WE MAY USE AND DISCLOSE (SHARE) YOUR PROTECTED HEALTH INFORMATION
1. Treatment, Payment, and Health Care Operations
Except where prohibited by Massachusetts state or federal laws, FC may legally use and share your health information for treatment, payment, and health care operations. We do not need to ask for your specific permission to do these things, as explained below:
**Treatment**
FC will use and share your health information to provide, coordinate, and manage your care and related services. Social workers, clinicians, doctors, nurses, and others involved in your care share medical information about you. For example, FC may share information with other third parties, such as home health agencies, visiting nurses, rehabilitation hospitals, and ambulance companies. FC may also share information with other doctors who may be treating you, such as the person who referred you for care, or other providers to whom FC refers you for care. This helps to ensure that everyone caring for you has the information they need. Unless the situation is a health or safety emergency, FC will not proceed with these communications until you sign (or, in some cases, verbally authorize) a Consent to Release Information form.

**Payment**
FC will use and share your health information to bill and collect payment for the psychiatric care services it provides to you. Payment activities include (1) checking eligibility or referral from a health plan; (2) utilization review; (3) sending bills to your insurance company and (4) collection assistance from a third party if necessary.

**Health Care Operations**
FC may use and share your health information for activities that are known as Health Care Operations. These are activities that are needed to operate the facility and to check the quality of care that you receive. Some of the information is shared with outside parties who perform these services on behalf of FC (“business associates.”) These business associates must also take steps to keep your health information private. Examples of activities that make up health care operations include:

- Monitoring the quality of care and making improvements where needed
- Making sure health care providers are qualified to do their jobs
- Reviewing medical records for completeness and accuracy
- Meeting standards set by regulating agencies
- Teaching health professionals
- Using outside business services; such as, transcription, storage, auditing, legal or other consulting services
- Storing your health information on computers
- Managing and analyzing medical information

**Other Permitted Uses and Disclosures**
FC may use your health information for the following:
- Appointment reminders: FC or its representative may contact you at the address, telephone numbers or email address you provide (including messages) about scheduled or canceled appointments, registration/insurance updates, billing or payment matters, assessment or test results
• Health-related services: FC may contact you with information about patient care issues, treatment choices and follow up care instructions

2. Other Uses and Disclosures (Sharing) of Your Health Information That Do Not Require Your Permission
FC may legally use and/or share your health information with others for the following purposes without your specific permission:
• As required by state and federal laws and regulations
• For public health activities, including required reports to the state public health and child protection authorities, and to agencies such as Federal Food and Drug Administration
• With regard to elder victims of abuse and neglect, disabled victims of abuse or neglect, and/or to report child abuse or neglect
• For health oversight activities
• For legal and administrative proceedings
• For law enforcement purposes under specific conditions such as reporting when someone is the victim of a crime
• With regard to people who have died, to coroners, medical examiners and funeral directors
• For organ, eye or tissue donation at death
• To avert a serious threat to health or safety
• For specialized government operations
• As authorized by and as necessary to comply with workers compensation laws
• For permissible public health, health care operations, and research purposes when limited identifiable information is used or shared

3. Uses and Disclosures (Sharing) You May Ask Be Limited, or Request Not Be Made
Disclosures to Family, Friends or Others
• FC may share relevant health information with a family member or other person close to you if they are involved in your care or payment for your care.
• FC may use or share your health information to notify a family member or other person responsible for you of your location, general medical condition or death.
• If you are present and are able to make health care decisions, we will try to find out if you want us to share this information with your family members or others. If you are in an emergency situation and not able to make your wishes known, we will use our best judgment to decide whether to share information. If it is thought to be in your best interest, we will only share information that others really need to know.
• FC also may use or share your health information with a public or private agency assisting in disaster relief. This is to coordinate efforts to notify someone on your behalf. If we can reasonably do so while trying to respond to the emergency, we will try to obtain your permission before sharing this information.

4. Uses or Disclosures (Sharing) of Information that Require Your Written Permission (Authorization)
Other uses or disclosures of your record will be made only with your written authorization. Certain information in your medical record is considered by State and Federal law to be highly confidential. Disclosures requiring your written authorization include drug and alcohol treatment records, mental health records, AIDS/HIV testing or test results, certain clinical therapy documentation and certain genetic information; therefore, this type of information gets additional protection from disclosure, often requiring your written authorization even before disclosure for treatment, payment or health care operations. You may withdraw authorization at any time; however, we are not able to take back disclosures that we have already made with your authorization. Also you cannot withdraw an authorization that was a condition of obtaining insurance coverage. All withdrawals must be made in writing.

B. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION AND HOW TO EXERCISE THEM

The Right to Ask for Limits on the Use and Sharing of Health Information. You have the right to ask for restrictions on the use and sharing of your health information for treatment, payment, or health care operations. You can also ask for restrictions on using this information to notify you about appointments, etc. All requests must be made in writing. The law does not require FC to agree to restriction requests. For emergency treatment, we may use or disclose restricted information. You may not ask us to restrict uses and sharing of information that we are legally required to make.

The Right to Ask that Health Information Be Communicated Confidentially. You have the right to ask for your health information to be sent to you in different ways. All such requests must be made in writing. For example, you may ask that FC not contact you with appointment reminders by telephone or only call at specific telephone numbers. When we request an address and telephone number(s) to contact you, it is your responsibility to give us telephone number(s) and an address that will allow us to reach and care for you. We may request that the method and location where you wish to be contacted be in writing and that you contact us with any changes to this information. FC must agree to any reasonable request and cannot ask you to explain the reason for your request. FC can require you to give information as to how a payment will be handled and to what address a bill be mailed.

The Right to Look at and Get a Copy of Health Information. You have the right to inspect and copy protected health information that may be used to make decisions about you. This does not include therapy notes, clinical laboratory data
or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding. The law permits us to charge a fee for copying costs.

The Right to Change Health Information.
You have the right to ask us to change your health information related to your treatment and bills if you think that there has been a mistake or that information is missing. We are not required to agree to your request. We may deny your request if: (1) FC did not create the information, unless the person or entity that created the information is no longer available to make the amendment; (2) the information is not part of the information kept by or for FC to make decisions about you; (3) the information is not part of the information that you are allowed to inspect or copy; or (4) the information is complete and accurate. You must request an amendment in writing and supply a reason to support your request.

The Right to Receive an Accounting of Disclosures (Record of When Health Information Was Shared Without Written Permission/Authorization.)
You have the right to get a record of the times that your health information has been shared. You must make your request in writing. The accounting right does not apply to disclosures that you have authorized or to disclosures for treatment, payment, and health care operations. You must make your request in writing. FC has 45 days to respond to your request. If we have not been able to act on the request within the 45 days, we will notify you that we are extending the response time by 30 days. If we extend the response time, we will explain the delay to you in writing and give you a new date of when to expect a response. FC will charge a fee for record duplication. We will notify you of the fee before we do the work. This will give you a chance to stop the request if you do not wish to pay the fee.

The Right to Ask for a Paper Copy of this Notice.
You may ask for a paper copy of this Notice from the contact listed at the end of this Notice. You can ask for a paper copy even if you agreed to receive the Notice by email.

C. OUR DUTIES WITH RESPECT TO YOUR HEALTH INFORMATION
FC is required by law to keep your health information private. We are required to give people notice of our legal duties and privacy practices with respect to your health information. FC must abide by the terms of the Notice currently in effect. FC reserves the right to change its privacy practices and the terms of this Notice at any time. FC reserves the right to make new Notice provisions effective for all protected health information that it maintains. If it does so, the updated Notice will be posted on the FC website.
D. HOW TO FILE A COMPLAINT REGARDING PRIVACY VIOLATIONS
If you think that we may have violated your privacy rights or you disagree with any action we have taken with regard to your health information, we want you, your family, or your guardian to speak with us. If you present a complaint, your care will not be affected in any way. It is our goal to provide appropriate care while respecting your privacy. You may also file a complaint with the Secretary of the Department of Health and Human Services. FC will take no retaliatory action against you if you file a complaint about our privacy practices.

E. HOW TO EXERCISE RIGHTS OR GET MORE INFORMATION ABOUT THIS PRIVACY NOTICE
To exercise your rights or for more information about matters in this Notice, please speak with me directly or, if necessary, contact the Secretary of the Department of Health and Human Services.

F. EFFECTIVE DATE OF THIS NOTICE
This Notice is effective as of January 1, 2014

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
45 CFR Parts 160 and 164
Standards for Privacy of Individually Identifiable Health Information