

MILAN CHRISTIAN COUNSELING

18 West Main Street, Suite B
Milan, Michigan 48160

NOTICE OF PRIVACY PRACTICES

Our Commitment to Protecting your Information:

You are your protected health information (PHI) are important to us. We thank you for the opportunity to serve you. We understand that medical and mental health information about you is private and we are committed to protecting your information. We create records to detail the care and services you receive from us. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to any records generated at Milan Christian Counseling and describes how we protect your health information and what rights you have regarding this information. If you have any questions about this notice, please ask your counselor.

Treatment and Payment

The most common reasons why we use or disclose your protected health information (PHI) is for treatment, payment or health care operations, and as required by law. Some examples of how we use or disclose information for treatment purposes or payment purposes are:

- Setting up an appointment for you
- Requesting PHI from other professionals that you may have seen prior to us
- National security or intelligence purposes
- To correctional institutions or law enforcement officials as provided in the privacy rule
- Asking you about your health insurance coverage or other sources of payment
- Preparing or sending bills, statements or claims
- Collecting unpaid amounts either by us or through a collection agency or attorney. For collection purposes, home and work phone numbers, employer, employee address, spouse name, spouse's employer and employers address will be disclosed.
- Billing audits and internal quality assurance
- Reviewing our treatment and services to evaluate the performance of staff
- Uses and disclosures to prevent serious threat to health or safety of you or someone else
- Workers compensation
- Defense of legal matters

Limits of Confidentiality

Federal laws and regulations protect the confidentiality of your case record, including identifying information, excluding situations of potential harm to yourself or others, including suicidal or homicidal intentions or plans, suspected or known abuse or neglect of a children or vulnerable adults, admitted prenatal exposure to controlled substances that are potentially harmful, or if the information is court ordered. Federal laws do not protect any information about a crime committed either at the agency or against any person who works for the agency or any threat to commit such a crime.

We may call you, write, text-message or e-mail you to remind you of your scheduled appointment. If you are not at home, we may leave a reminder message on your voice mail or answering machine or with the person answering the phone. No PHI will be disclosed during this process other than the date and time of the scheduled appointment, who we are and who the appointment is scheduled with. If you do not wish to receive reminders thorough any or all of these means, you must submit this request in writing to us.

If we contact you at work, it is our policy not to leave a message. If you do not wish to receive any calls at work you must submit this in writing to us.

It is our policy to send statements to your home address when payment is not received at the time of the appointment, for a missed appointment, or for any reason resulting in a balance on your account. The mailing may have our complete name and mailing address on it. If you wish not to receive statements at your home, you should pay at the time of service or provide us in writing with a billing address.

Change of Ownership

In the event that Milan Christian Counseling is sold or merges with another organization, your information/record will become the property of the new owner.

Your Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised however, the Milan Christian Counseling is not required to agree to the restriction that you request. To ask for a restriction, please send or submit a written request to our office.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery upon your written request. We will accommodate these requests if they are reasonable and if you pay us for any extra cost. If you want to ask for confidential or alternative communications, please submit a written request to our office.
- You have the right to see or obtain photo copies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part however, you will be able to review or have a copy of your health information within 30 day of asking us (or sixty days if the information is stored off site). You will be asked to pay a reasonable charge in advance for photo copies and review of your records. If we deny your request we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one thirty day extension of the time for use to give you photo copies if we send you a written notice of extension. If you want to review or get photo copies of your information, please submit a written request to our office. A summary or any clinical notes will be made available upon request. Your therapist will charge a fee to write this summary.
- You have a right to request that Milan Christian Counseling amend your PHI within 60 days from when you ask us. If we do not agree with your proposed amendments, you can write a statement of your position and we will include it with your PHI along with any rebuttal statement that we may write. Once your statement of position and/or rebuttal is included in your health information, we will send it along whenever we make permitted disclosure of our information. By law, we can have a 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, please submit a written request to our office.
- You have a right to request a report of disclosure that we have made of your health information within a given time frame. We will provide it to you within 60 days after we receive your request for the report. By law, we can have a 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. The first report in a 12 month period is free. Thereafter a reasonable cost based fee will be imposed for additional reports in that 12 month period.
- You have a right to receive additional paper copies of NOTICE OF PRIVACY PRACTICES. Please ask your therapist or submit a request to our office.

Revisions of this notice

We reserve the right to revise this notice. Any changes will apply to information we already have or will receive in the future. Revised notices will be posted and provided to you by your therapist.

Complaints

Complaints about your privacy rights or how Milan Christian Counseling has handled your health information should be directed to Milan Christian Counseling by calling the office at **734 439-3100**. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

Office of Civil rights

US Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

For Michigan entities:
Region V Office for Civil Rights
US Dept of Health and Human Services
233 North Michigan Ave, Suite 240
Chicago, IL 60601 1-312-886-2359