

Trinity Counseling Service

Notice of Privacy Practices

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

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, and state law, Trinity Counseling Service (TCS) has created this Notice of Privacy Practices. Your Personal Health Information (PHI) is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that we protect the privacy of your PHI which we have received or created. We are required to give you this Notice about our privacy practices, our legal duties, and your rights concerning uses and disclosure we might make of your PHI.

We must comply with the provisions of this notice, although we reserve the right to change our privacy practices and the terms of this Notice, provided such changes are permitted by applicable law. In the event we make a material change in our privacy practices, we will change this Notice and make it available to you. You may request a copy of our Privacy Notice at any time.

USES AND DISCLOSURES OF PHI

The following is an accounting of the ways that we are permitted by law to use and disclose your PHI:

Treatment: We may use or disclose your health information to another healthcare provider providing treatment to you. For example, we may use and disclose “protected health information” (PHI) when you need a prescription filled or if you need to be referred to a specialist for consultation; for example, to a psychiatrist within TCS or in your insurance plan, or to your referring physician.

Payment: We may use and disclose your health information to obtain payment for services provided to you. Generally, we may use and give medical information to others, usually your health plan(s), to bill and collect payment for services rendered. Before you receive scheduled services, we may share information about these services with your health plan(s) to obtain eligibility information and/or to get the required preapproval. We may also share information with your health plan(s) once services are rendered and the appropriate health insurance claims must be filed.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include things such as quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, applying for accreditation, certification, licensing/relicensing or credentialing activities. *In such instances it is the policy of Trinity Counseling Service to redact (black out) all of your personal identifying information from records reviewed.*

The following is an accounting of additional ways in which we are permitted or required to use or disclose PHI about you without your written authorization:

Uses and disclosures as required by law: We may use and disclose PHI about you under a number of circumstances required by law without your consent or without your right to object. These circumstances include:

- **Required by Law:** When use or disclosure is required by law (i.e., federal, state or local law or other judicial or administrative proceedings).
 - **Public Health Activities:** When the use or disclosure is necessary for Public Health Activities, we may use or disclose PHI about you to a public health authority that is authorized by law to collect data for the purpose of prevent or controlling disease, injury or disability. .
 - **Victims of abuse, neglect or domestic violence:** We may disclose PHI about you to a government authority if it reasonably believed that you are a victim of abuse, neglect or domestic violence.
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- **Serious threat to health or safety of self and/or others:** We may use or disclose PHI about you, if it is believed in good faith and is consistent with any applicable law and standards of ethical conduct to avert a serious threat to safety, health or the life of an identified individual or group of individuals.
- **Individuals involved in your care:** We may disclose PHI about you to individuals involved in your care.
- **Health oversight activities:** We may use or disclose PHI about you to a health oversight agency for oversight activities which may include inspections as necessary for licensure, compliance with civil law or other activities the health oversight agency is authorized by law to conduct. It is our policy to redact such information if permissible by law. **Law Enforcement Officials:**
- **About the Deceased:** We may disclose PHI about a deceased individual to coroners and medical examiners as required by law. Lastly, when the use or disclosure is needed for an emergency.
- **For Judicial purposes:** We may disclose PHI about you to in the course of any judicial or administrative proceedings, provided that proper documentation is presented to us.
- **For law enforcement purposes:** We may disclose PHI about you to law enforcement officials for authorized purposes as required by law.
- **Specialized Government functions:** We may disclose your PHI information for military and veterans' activities, national security and intelligence activities and similar special government functions as require or permitted by law.
- **Business Associates:** We may disclose PHI about you to our business associates for services they may provide to us to assist us in providing quality health care. To ensure the privacy of your PHI, we require all business associates to apply HIPAA-appropriate safeguards to any PHI they receive or create.

Other Uses and Disclosures:

- **Fundraising:** If we participate in a fundraising activity, including submitting grants and proposals, we may submit aggregated demographic PHI to an institutionally-related foundation, individual or entity to clarify our fundraising purpose. We do not use your PHI in our fundraising activities.

All Other Uses and Disclosures:

- We will obtain a written authorization from you for all other uses and disclosures of your PHI, and we will only use or disclose information pursuant to such an authorization. In addition, you may revoke such an authorization in writing after at any time. In any event, this document expires 120 days after it is signed by you.
- **Your Authorization:** In addition to our use of your PHI for the above reasons, you may request and/or give us written authorization to use your personal health information or to disclose it to specific individuals or entities for any purpose.
- If you give us such an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.
- **Appointment Reminders and Treatment Alternatives:** We may use your health information to provide you with appointment reminders such as voice mail messages or letters, or information about treatment alternatives or other services that may be of interest to you.

YOUR HEALTH INFORMATION RIGHTS:

The following are a list of your rights with respect to your PHI.

- **Right to Request restrictions on certain uses and disclosures of your PHI:** You have the right to request additional restrictions of our uses and disclosures of your PHI. We are not required to accommodate such a request, except that we are required to agree to a request to restrict disclosures to health insurance plans for services you pay for out of pocket.
- **Right to have your PHI communicated to you by alternate means or locations:** You have the right to request that we communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require us to have an accurate address and home phone number in case of emergencies. We will consider all reasonable requests.

- **Right to inspect and/or obtain a copy of your PHI:** You have the right to inspect or request a copy of your PHI that is contained in your TCS record for the duration that we maintain PHI about you, except for psychotherapy notes which are not a part of the record. This request must be in writing. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges. If you prefer, we will prepare a summary or an explanation of your health information for a fee.
- **The right to amend your PHI:** You have the right to ask for correction or inclusion of a statement of disagreement for anything in our record you feel is in error. Your request must be in writing and include supporting documentation.
- **Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, healthcare operations, or where you have provided an authorization, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.
- **The right to received additional copies of the Facility's Notice of Privacy Practices:** You have the right to receive additional paper copies of this notice, upon request.
- **Notification of Breaches:** You will be notified of any breaches that have compromised the privacy of your PHII.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES: TCS reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The Facility will also post the revised version of the Notice in our facility,

Complaints: If you believe your privacy rights have been violated, you may file a complaint with TCS and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with TCS, please contact the privacy officer listed below. If you wish to file a complaint with the Secretary, please write to:

TCS will not take any adverse action against you as a result of your filing of a complaint.

If you want more information or clarification about our privacy practices, please contact:

Contact Person: Privacy Officer
Telephone: 609-924-0060
Fax: 609-924-7436
Address: **Trinity Counseling Service**
22 Stockton Street
Princeton, NJ 08540

Last revised: 4/21/14