

*A COPY OF THIS DOCUMENT CAN BE REQUESTED*

**STEIN COUNSELING AND CONSULTING SERVICES, LTD.**

571 Braund Street, Onalaska, WI 54650

206 S Roosevelt Road Suite 124, Black River Falls, WI 54615

**PRIVACY NOTICE**

This notice describes how mental health information about you may be used and disclosed. It also describes how you can get access to this information. Please review it carefully. If you have any questions about this privacy notice, please contact the Business Manager.

WHO WILL FOLLOW THIS NOTICE

This notice describes our clinic practices and that of:

- \* Any health care professional authorized to enter information into your mental health record.
- \* Any employee of Stein Counseling and Consulting Services, Ltd. authorized access of your mental health record.
- \* Any business associate of Stein Counseling and Consulting Services, Ltd.

OUR PLEDGE REGARDING MENTAL HEALTH INFORMATION

We understand that information about you and your mental health is personal. We are committed to protecting your mental health information. A mental health record is created of the care and services you receive at Stein Counseling and Consulting Services, Ltd. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by clinic personnel.

This notice will tell you how we may use and disclose your mental health information. It also describes your rights and certain obligations regarding the use and disclosure of mental health information.

We are required by law to:

- \* Make sure that mental health information that identifies you is kept private.
- \* Give you notice of our legal duties and privacy practices with respect to mental health information about you.
- \* Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MENTAL HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose your mental health information. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- \* For Treatment. We may use mental health information about you to provide you with mental health treatment and services; for instance, we may disclose mental health information about you to psychiatrists, counselors, and therapists who are involved in taking care of you. For example, different departments within Stein Counseling and Consulting Services, Ltd. may share mental health

information about you to coordinate the different things you need, such as psychological testing or assessments. We also may disclose mental health information about you to health care professionals outside of the clinic who may be involved in your medical care, such as a specialist we are referring you to.

- \* For Payment. We may use and disclose mental health information about you so that the treatment and services you receive at Stein Counseling and Consulting, Ltd. may be billed and payment may be collected from you, your insurance company, or another third-party. For example, we may need to give your health plan additional information about the services you receive in order to receive payment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- \* Appointment Reminders. We may use and disclose mental health information to contact you as a reminder that you have an appointment for treatment or mental health care at Stein Counseling and Consulting Services, Ltd.
- \* Treatment Alternatives. We may use and disclose mental health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- \* Health-related Benefits and Services. We may use and disclose mental health information to you about health-related benefits or services that may be of interest to you.
- \* Individuals Involved in Your Care or Payment of Your Care. We may release mental health information about you to a family member or friend who is involved in your mental health care. For example, your son or daughter accompanies you to your appointment with the psychiatrist/counselor/therapist. We may also give information to someone who helps pay for your care, such as a power of attorney.
- \* To Avert a Serious Threat to Health or Safety. We may use and disclose mental health information about you, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.
- \* Military Veterans. If you are a member of the armed forces, we may release mental health information about you as required by military command authorities.
- \* Worker's Compensation. We may release mental health information about you for Worker's Compensation. This program provides benefits for work-related injuries or illnesses.
- \* Public Health Risks. We may disclose mental health information about you for public health activities. These generally include:
  - To prevent or control disease, injury, or disability;
  - To report births or deaths;
  - To report child or elderly abuse or neglect;
  - To report reaction to medications or problems with products;

- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

\* Health Oversight Activities. We may disclose mental health information to a health plan for performance of their health oversight activities. For example, your medical information may be disclosed if your health plan performs yearly audits to verify that patients with diabetes are getting their required lab tests done. We may also disclose mental health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.

\* Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose mental health information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

\* Law Enforcement. We may release mental health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if, under certain circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the clinic;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

\* Business Associates. We provide some services through contracts with business associates. Examples include, but are not limited to, psychological testing and assessments. When we use these services, we may disclose your mental health information to the business associates so that they can perform the function(s) we have contracted with them and bill you or your insurance company for services rendered. To protect your mental health information, however, we require the business associate to appropriately safeguard your information.

\* Coroners, Mental Health Examiners, and Funeral Directors. We may release mental health information to a coroner or mental health examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release mental health information to funeral directors, as necessary, for them to carry out their duties.

\* Inmates. If you are an inmate of a correctional institution or under custody of a law enforcement

official, we may release mental health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with continued health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

- \* National Security and Intelligence Activities. We may release mental health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU

You have the following rights regarding mental health information we maintain about you:

- \* Right to Inspect and Copy. You have the right to inspect and copy mental health information that may be used to make decisions about your care. Usually this includes mental health and billing records.

To inspect and copy mental health information that may be used to make decisions about you, you must submit your request in writing to the manager. If you request a copy of the information, a charge will be assessed for the cost of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in limited circumstances. If you are denied access to mental health information, you may request that the denial be reviewed. Another health care professional, chosen by the Clinic, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- \* Right to Amend. If you feel that mental health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have to request an amendment for as long as the information is kept by or for the clinic.

To request an amendment, your request must be made in writing and submitted to the manager. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the mental health information kept by or for the clinic;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- \* Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of mental health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the

manager. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want free. For additional lists, a charge will be assessed to cover the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

\* Right to Request Restrictions. You have the right to request a restriction or limitation on the mental health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the mental health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. For example, you could ask that we do not use or disclose information about a physical examination and lab tests you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the manager. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply. For example, disclosure to your spouse.

\* Right to Request Confidential Communications. You have the right to request that we communicate with you about mental health matters in a certain way or a certain location. For example, you can ask that we only contact you at home or by mail.

To request confidential communications, you must make your request in writing to the manager. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

\* Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, please ask the receptionist.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for mental health information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in the Clinic. The notice will contain the effective date on the top right-hand corner of the first page. In addition, the first time you register in the Clinic following a change, we will offer you a copy of the current notice in effect.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with the Clinic, contact the manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### OTHER USES OF MENTAL HEALTH INFORMATION

Other uses and disclosures of mental health information not covered by this notice or law that apply to us will be made only with your written permission. If you provide us permission to use or disclose mental health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose mental health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **ADDENDUM TO NOTICE OF PRIVACY PRACTICES**

THIS ADDENDUM TO THE NOTICE OF PRIVACY PRACTICES SETS FORTH WISCONSIN PRIVACY REQUIREMENTS THAT ARE IN ADDITION TO THOSE IN OUR NOTICE OF PRIVACY PRACTICES. PLEASE REVIEW IT CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

We are required by Wisconsin law to maintain the privacy of your mental health information.

#### **USES AND DISCLOSURES OF MENTAL HEALTH INFORMATION**

**Mental Health Care Operations.** Under Wisconsin law, we must have your written permission before we may use and disclose your mental health information in connection with mental health care operations other than management of our mental health records and certain auditing and review activities by staff committees and review organizations.

**To Your Family and Friends and Persons Involved in Your Care.** Under Wisconsin law, we must have your written permission before we may disclose your mental health information, other than limited identifying information, to your family, friends, or other persons involved in your care.

**Abuse or Neglect.** Under Wisconsin law, we must have your written permission before we may disclose your mental health information to the appropriate authorities if we believe you are the victim of domestic violence or other crimes. We report child abuse and the abuse and neglect of a vulnerable adult as allowed by Wisconsin law.

#### **CLIENT RIGHTS**

**Restriction:** While we are allowed to determine whether we agree to your request to restrict our use and disclosure of your protected mental health information, Wisconsin law requires that we honor certain restriction requests by patients relating to research or the release of information to government agencies.