

Notice of Health Information Practices

Crossroads Counseling and Consultation

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.

Understanding Your Health Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- basis for planning your care and treatment
- means of communication among the health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

This notice will help you understand what is in your record and how you can:

1. ensure its accuracy
2. understand who, what, when, where, and why others may access your health information
3. make more informed decisions when authorizing disclosure.

Your Health Information Rights

Although your health record is the property of the Crossroads Counseling and Consultation, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the Notice of Information Practices upon request
- inspect and copy your health record
- make a written request to amend your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

CCC is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will notify you of the changes.

We will not use or disclose your health information without your authorization, except as described in this notice.

More Information or to Report Problems

If you have questions and would like additional information, or wish to file a complaint, you may contact the Crossroads Counseling and Consultation Office at 918-270-4100. There will be no retaliation for filing a complaint.

If you believe your privacy rights have been violated, you can also file a complaint with:

Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
Tel. 1-877-696-6775

EXAMPLES of Disclosures for Treatment, Payment, and Health Operations:

We will use your health information for treatment.

For Example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your health care team will record the actions they took and their observations to assure that you are responding to treatment. We will also provide your subsequent health care providers with copies of various reports that should assist him or her in treating you. Such reports may be oral, written or electronic.

We will use your health information for regular health operations.

For Example: We may contact you for appointment reminders or treatment options information. Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality at effectiveness of the health care and service we provide. In the event that Payment for your health services is allowed, your health information may be used for billing to secure payment for our services.

Schools or Daycare: Immunization information may be provided if required for attendance by you or your children.

Business Associates: There are some services provided in our organization through contacts with Business Associates. Examples include diagnostic services and certain laboratory tests. When these services are contracted, we may disclose your health information to a Business Associate so that it can perform the job we've asked it to do and bill you or your third-party payer for services rendered. To protect your health information however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your health care.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Research: We may disclose information to researchers when an institutional review board that has established protocols to ensure the privacy of your information has approved their research.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

This Health Information Practices Policy of the Crossroads Counseling and Consultation is effective April 14, 2003.

Access to care: It is the policy of CCC to provide reasonable access to care, regardless of their race, religion, gender, sexual orientation, ethnicity, age or disability.

After reading sign here:

Signature

Date