

Sample Notice of Provider Privacy Practices

MODEL NOTICE OF PROVIDER PRIVACY PRACTICES THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

[PROVIDER] must maintain the privacy of your personal mental health information and give you this notice that describes our legal duties and privacy practices concerning your personal mental health information. In general, when we release your mental health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal mental health information will be available for release to you, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all mental health information we maintain. If we change our privacy practices, we will give you a revised copy of the privacy notice by [INSERT LANGUAGE ABOUT HOW REVISED COPY OF PRIVACY NOTICE WILL BE PROVIDED].

Once you have signed our consent form, we can use your mental health information for the following purposes:

1. Treatment. [For example, a doctor may use the information in your mental health record to determine which treatment option best addresses your mental health needs. The treatment selected will be documented in your mental health record, so that other mental health care professionals can make informed decisions about your care.] [INSERT OTHER/RELEVANT EXAMPLES IF DESIRED. IF THIS EXAMPLE DOES NOT APPLY TO YOUR ORGANIZATION, YOU MUST INSERT AT LEAST ONE EXAMPLE THAT IS RELEVANT TO YOU.]

2. Payment. [In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such mental health information onto an insurer in order to help receive payment for your mental health bills.] [INSERT OTHER/RELEVANT EXAMPLES IF DESIRED. IF THIS EXAMPLE DOES NOT APPLY TO YOUR ORGANIZATION, YOU MUST INSERT AT LEAST ONE EXAMPLE THAT IS RELEVANT TO YOU.]

3. Mental health Care Operations. [We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other mental health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.] [INSERT OTHER/RELEVANT EXAMPLES IF DESIRED. IF THIS EXAMPLE DOES NOT APPLY TO YOUR ORGANIZATION, YOU MUST INSERT AT LEAST ONE EXAMPLE THAT IS RELEVANT TO YOU.] In addition, we may want to use your mental health information for appointment reminders. For example, we may look at your mental health record to determine the date and time of your next appointment

with us, and then send you a reminder letter to help you remember the appointment. Or, we may look at your mental health information and decide that another treatment or a new service we offer may interest you. For example, we may contact a cancer patient to notify them that we have a new cancer research facility that offers new life-saving treatments. Furthermore, we may want to use information found in your mental health record, such as your name, address, phone number, and treatment dates, to contact you for fund-raising purposes. For example, in order to provide more charity care or otherwise improve the mental health of your community, we may want to raise additional money and therefore may contact you for a donation.

Please note that if you refuse to provide your consent to us, we may refuse to treat you.

Without your written consent or authorization, we can use your mental health information for the following purposes:

1. As required or permitted by law. Sometimes we must report some of your mental health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.
2. For public mental health activities. We may be required to report your mental health information to authorities to help prevent or control disease, injury, or disability. This may include using your mental health record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
3. For mental health oversight activities. We may disclose your mental health information to authorities so they can monitor, investigate, inspect, discipline, or license those who work in the mental health care system or for government benefit programs.
4. For activities related to death. We may disclose your mental health information to coroners, mental health examiners, and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
5. For organ, eye, or tissue donation. We may disclose your mental health information to people involved with obtaining, storing, or transplanting organs, eyes, or tissue of cadavers for donation purposes.
6. For research. Under certain circumstances, and only after a special approval process, we may use and disclose your mental health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.
7. To avoid a serious threat to mental health or safety. As required by law and standards of ethical conduct, we may release your mental health information to the proper authorities if we

believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's mental health or safety.

8. For military, national security, or incarceration law enforcement custody. If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your mental health information to the proper authorities so they may carry out their duties under the law.

9. For workers' compensation. We may disclose your mental health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

10. [PROVIDER] Directory. Unless you object, we may use your mental health information, such as your name, location in our facility, your general mental health condition (e.g., "stable", or "unstable"), and your religious affiliation for our directory. The information about you contained in our directory will be released to people who ask for you by name. However, the information about your religious affiliation will only be disclosed to clergy. We may allow you to agree or disagree orally regarding the use of your mental health information for directory purposes.

11. To those involved with your care or payment of your care. If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your mental health bills, we may release important mental health information about you to those people. The information released to these people may include your location within our facility, your general condition, or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your mental health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or mental health status. We may allow you to agree or disagree orally to such release, unless there is an emergency.

NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your mental health information. An authorization is different than consent. One primary difference is that unlike with consents, a provider must treat you even if you do not wish to sign an authorization form .5 If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to

Your Mental health Information Rights

You have several rights with regard to your mental health information. If you wish to exercise any of the following rights, please contact . Specifically, you have the right to:

1. Inspect and copy your mental health information. With a few exceptions, you have the right to inspect and obtain a copy of your mental health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In

addition, we may charge you a reasonable fee if you want a copy of your mental health information.

2. Request to correct your mental health information. If you believe your mental health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your mental health information should be changed. However, if we did not create the mental health information that you believe is incorrect, or if we disagree with you and believe your mental health information is correct, we may deny your request.

3. Request restrictions on certain uses and disclosures. You have the right ask for restrictions on how your mental health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or mental health care operation activities. Or, you may want to limit the mental health information provided to family or friends involved in your care or payment of mental health bills. You may also want to limit the mental health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restriction.

If you receive certain mental health devices, you may refuse to release your name, address, telephone number, social security number, or other identifying information for purpose of tracking the mental health device.

4. As applicable, receive confidential communication of mental health information. You have the right to ask that we communicate your mental health information to you in different ways or places. For example, you may wish to receive information about your mental health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

5. Receive a record of disclosures of your mental health information. In some limited instances, you have the right to ask for a list of the disclosures of your mental health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed mental health information, a brief description of the mental health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, mental health care operations, our directory, national security, law enforcement/corrections, and certain mental health oversight activities.

6. Obtain a paper copy of this notice. Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. [IF PROVIDER MAINTAINS A WEB SITE THAT PROVIDES INFORMATION ABOUT PROVIDER'S CUSTOMER SERVICES OR BENEFITS, PROVIDER MUST POST ITS NOTICE ON THE WEB SITE AND MAKE NOTICE AVAILABLE ELECTRONICALLY THROUGH THE WEB [SITE. AS](#) A RESULT, PROVIDER MAY WANT TO INDICATE HERE THE AVAILABILITY OF THE PRIVACY NOTICE ON ITS WEB SITE.]

7. Complain. If you believe your privacy rights have been violated, you may file a complaint with us and with the federal Department of Mental health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact who will provide you with the necessary assistance and paperwork.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact . [INSERT NAME OR TITLE AND PHONE # OF PERSON OR OFFICE TO CONTACT FOR FURTHER INFORMATION AND RECEIPT OF COMPLAINTS.]

This Notice of Mental health Information Privacy is Effective _____