

NOTICE OF PRIVACY PRACTICES

Footsteps Psychological Services, PC, which provides Intensive Behavioral Health Services and Outpatient Psychiatric Services is located at 334 Bloomfield Street Suite 104 and 204 Johnstown PA, 15904.

The HIPAA Privacy Regulations requires that you be provided with a copy of privacy practices. This notice describes how mental, behavioral and other health care information about you (or your child) may be used and shared and how you may access this information. We are required by law to maintain privacy of your (or your family member's) health information.

Your Protected Health Information: Your mental, behavioral, medical and other health care information is "protected health information" or "PHI". The PHI information is collected from information you provide and from information collected through other sources, such as reports from other agencies and providers. It may include information about past, present or future physical or mental condition. It may include information such as psychological evaluations, treatment plans, and diagnoses. It also includes information about payment for services.

The PHI information is confidential and we are required to maintain confidentiality of PHI by following laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Department of Health and Human Services issued the following regulations: "Standards for Privacy of Individually Identifiable Health Information". We call these regulations HIPAA Privacy Regulations. The HIPAA Privacy Regulations require us to comply with PA law. PA Mental Health Confidentiality Law provides additional protection of PHI. We are not permitted to disclose or release PHI in response to a PA subpoena. Any information acquired by a psychologist in the course of treatment is considered privileged under PA law and may not be released without your consent or a court order. PA law may provide additional protection of PHI for HIV related information. The HIPAA Privacy Regulations require that we provide you with this Notice effective April 14, 2003.

It is our practice to receive your authorization before releasing your records (or records of your child) to a third party. You are entitled to inspect the PHI before it is released. You may revoke the authorization at any time, when you provide this information in writing. If you revoke an authorization, we will no longer use or disclose your PHI. We cannot take back any information already released.

We may use or disclose your PHI without your authorization as part of treatment (with case managers, therapists, etc.) and to provide information for payment (with insurance companies, billing services, authorized agency staff, etc.). Sharing information may help to determine your eligibility for services. It can also help to review the diagnosis and medical necessity of concerns and treatment, review benefits, and review payment information for services. PHI may also be used in this agency for administrative activities, such as licensing, planning, and training. PHI may be shared with support staff for transcription, billing and auditors, but the individuals will need to protect the privacy of PHI.

It is our goal to receive written authorization before disclosing PHI to another person or party. Under these circumstances, the HIPAA Privacy Regulations permit us to use or disclose PHI when you are present and have the capacity to make health care decisions if, prior to the use or disclosure, we obtain your agreement, provide you with an opportunity to object (and you do not express an objection), or we can reasonably infer from the circumstances, based upon our professional experience, that you do not object. If you are not present or the opportunity to object your agreement or objection cannot be practicably be objected due to your incapacity or an emergency, then we may, in the exercise of professional judgment, determine whether the disclosure is in your best interest and, if so, disclose only PHI that is directly relevant to that person's involvement in your treatment. The PHI shared with a personal representative (individual you identify/relative/etc.), will be directly relevant to that personal representative's involvement with your care or payment for services. Subject to your opportunity to agree or object, we may use or disclose PHI to notify, or assist in the notification of (including identify or locating), a personal representative of your location, general location, or death.

****Turn Over****

Subject to your opportunity to agree or object we may use or disclose your PHI to a public or private entity (e.g., Red Cross) authorized law or by its character to assist in disaster relief efforts. The purpose of such disclosure of your PHI is to coordinate with the disaster relief agency and/or your personal representative your location, general condition, or death. Only specific information pertinent to the relief effort and the emergency may be released without your authorization.

Use and disclosure of PHI that may be made without your authorization include compliance with federal and/or state law. Any use or disclosure must comply with and be limited to the relevant requirements of the law. We are required to report or disclose PHI related to abuse, neglect and commitment proceeding authorized by the PA Mental Health Procedures Act of 1968. We may use or disclose PHI in an emergency treatment situation when disclosure of PHI is necessary to prevent serious risk of harm or death to you. If required by law, we will disclose PHI for public health activities to prevent disease, injury, disability, report births or deaths, report abuse or neglect, report reactions to medication, notify a person who may be at risk for contracting or spreading a disease or condition or notify an appropriate authority if we believe that Consumer has been a victim of abuse, neglect, domestic violence, etc. in compliance with the law or your agreement. If required by law, we may use or disclose PHI about you to a health oversight agency; this may include government agencies such as Medicare, Medicaid, or county programs. Oversight agency activities may include audits, accreditation, investigations, inspections, utilization review, and licensure. The HIPAA Privacy Regulations permit us to use and disclose information necessary to prevent a serious and imminent threat to your health or safety or the health and/or safety of another person. We are not permitted by PA law to disclose PHI regarding mental health services to law enforcement agencies or officials except pursuant to a court order or in special circumstances required by law. For other special circumstances, we may disclose PHI related to military and veteran agencies, national security and protective services for the president and others. We may need to release PHI to funeral directors carrying out duties or a medical examiner identifying a deceased person or a cause of death.

You have a number of rights. First, you have the right to request a limitation or a restriction on the use or disclosure of your PHI for treatment, payment or health care operations. You may also request that we limit the PHI to family members, friends, or person representatives. We may or may not be able to comply. You will need to submit your requests in writing. Second, you may request that communications between you and this agency be limited to mail, telephone calls, etc. Third, you have the right to review your health records. You may not be permitted to copy or inspect therapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. You may be denied access to PHI if it is likely to endanger the life or safety of you or another person. If you believe that information about you is incorrect, you have the right to submit in writing a rebuttal of corrected information and this will accompany any disclosures of your records. You have a right to request an "accounting disclosure". This is a list of the disclosures we have made of PHI about you. We are not required to account for all disclosures including by way of example: treatment, payment, health care operations, authorizations signed by you, disclosures to you or family members, or personal representative in your care. If you have any questions or concerns about this notice of privacy, please contact Footsteps Psychological Services.

Footsteps Psychological Services
Corporate Office
334 Bloomfield St., Suite 204
Johnstown, PA 15904
Phone: (814) 266-5238 Fax: (814) 266-1823