

THE HEALTHY FOUNDATIONS CENTER

Patient/Client Rights/ Acknowledgement of Privacy Practices

I, _____ acknowledge that I have received a copy of the Notice of Privacy Practices and Client Rights which summarizes the ways my identifiable health information may be used and disclosed by this provider, and it also states my rights with respect to my medical information. I understand this provider has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event this provider revises its information practices, a revised Notice of Privacy Practices will be posted at Healthy Foundations Center, at 6871 West Charleston Blvd, Las Vegas, NV. 89117 and that I may obtain a current form at any time from THE HEALTHY FOUNDATIONS CENTER.

Grievance Procedure Acknowledgement

The purpose of the client grievance procedure is to allow you, as the client, the opportunity for recourse should there be unhappiness with the services provided or decisions made.

THE HEALTHY FOUNDATIONS CENTER views your complaint as an opportunity to resolve differences. The following procedures are available to assist you in resolving your complaint.

Upon initial complaint a program supervisor will conduct a preliminary investigation, and if deemed necessary by the program supervisor, or at your request; a meeting will be held with you, your worker from THE HEALTHY FOUNDATIONS CENTER, and a program supervisor. The purpose of this meeting will be to resolve any dispute if possible. If the meeting is unsuccessful, THE HEALTHY FOUNDATIONS CENTER will arrange for the Clinical Supervisor to hear and address your grievance. If you are not satisfied with the responses given, you may contact the State of Nevada in order to discuss your concern.

CHILD/DEPENDENT ADULT ABUSE REPORTING POLICY

It is our duty, as mandatory reporters, to immediately report any suspected child abuse to Child Protective Services. The worker shall report suspected abuse orally to the CPS, followed by a written report to CPS within 48 hours after such oral report. The worker shall also make an oral report to an appropriate law enforcement agency if the worker believes that immediate protection of the child is advisable.

Types of Abuse

1. Physical Abuse
2. Mental Injury
3. Sexual Abuse
4. Denial of Critical Care
5. Child Prostitution
6. Presence Of Illegal Drugs In The Body Of A Child
7. Manufacture Or Possession Of Dangerous Substances In The Presence Of The Child
8. Bestiality In The Presence Of A Minor
9. Cohabitation With A Registered Sex Offender

Your records cannot be released to any other individual without your written consent. However, certain information may be released without your authorization under the following legal circumstance: *When Juvenile Court is involved; records may be shared with Juvenile Court Officers. Information about a child may be shared with the child's Guardian Ad Litem. Information may also be shared in the event of a legitimate subpoena for court appearance, in the event of a medical emergency, or when the receipt of information suggests that child abuse or neglect has occurred. THE HEALTHY FOUNDATIONS CENTER is legally obligated to report any such information to CPS under circumstances in which there exists a danger to the child or others.*

These policies have been explained to me in my own language.

X _____ Date: _____
Patient / Client /Conservator or Legal Guardian*

X _____ Date: _____
Power of Attorney (if applicable)*

X _____ Date: _____
Witness (Only required if client signs with a mark)

THE HEALTHY FOUNDATIONS CENTER

NOTICE OF PRIVACY PRACTICES

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.

PROTECTED HEALTH INFORMATION: In the course of treatment, information regarding your care may be created and/or received by us. Information which can be used to identify you and which relates to your past, present or future physical or mental condition, receipt of care or payment for care is considered protected information and is protected by federal and state law. Federal law imposes certain obligations and duties upon providers of services with respect to your protected information. Specifically, we are required to:

- Provide you with notice of our legal duties and policies regarding the use and disclosure of your protected information;
- Maintain the confidentiality of your protected information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your protected information, unless under the law we are authorized to release your protected information without your authorization.
- Allow you to inspect and copy your protected information;
- Act on your request to amend protected information, although we are not required to amend the protected information, within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate protected information by alternative means or methods; and
- Abide by the terms of this notice.

HOW YOUR PROTECTED INFORMATION MAY BE USED AND DISCLOSED

Generally, your protected information may be used and disclosed by us only with your express written authorization. This written authorization includes to whom the information may be disclosed, what information may be disclosed, and for what purpose. You may revoke this authorization at any time, although any information released prior to the revocation may be used as stated on the consent.

There are some exceptions to this general rule. The following explains how we will use or disclose your protected information without your authorization:

- **Treatment Purposes:** We may use or disclose your protected information for treatment purposes to doctors, nurses, hospitals, for instance, in order to facilitate your treatment.
 - **Payment Purposes:** Your protected information may be used or disclosed to your insurance company, for instance, for payment purposes as it may be necessary to disclose this information so that we may properly receive payment for treatment and services provided.
 - **Health Care Operations:** Your protected information may be used or disclosed for health care operations. For example, record review related to quality assurance and improvement activities.
 - **Compliance and Quality Assurance:** We may release your protected information to another individual or entity covered by the HIPPA privacy regulations that has a relationship with you for fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of professionals or students.
 - **Oversight Activities:** Your protected information may be used or disclosed to an oversight agency for activities authorized by law. Examples of oversight activities include audits, investigations, and inspections. In most cases, the oversight activity will be for the purpose of overseeing services and agency compliance with certain laws and regulations.
 - **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or other administrative proceeding, we may release your protected information in response to a court or administrative order. We may also release protected information pursuant to a subpoena or discovery request, but only if efforts have been made by the requestor to provide you with notice of the request and you have failed to object or the objection was resolved in favor disclosure, or in the alternative, the requestor has obtained a protective order protecting the requested information.
 - **Law Enforcement:** We may release your protected information to law enforcement officials when required or permitted by federal or state law to do so.
 - **Emergency Circumstances:** Protected information may be disclosed to personnel who have a need for information about a client, such as for the purpose of treating a medical or mental condition which poses an immediate threat to the health and safety of any individual or the public and which requires immediate intervention.
 - **Individuals Involved in Your Care:** We may give out your protected information to a friend or family member who is helping with your care or with payment for your care. However, prior to sharing your protected information in this instance we will first attempt to obtain your verbal or written consent. An example of when obtaining such consent would not be feasible would be if you are involved in a serious accident and unavailable to give your consent and it is necessary for us to speak with your emergency contact or other responsible party.
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- **Mandatory Reporting of Child Abuse/Dependent Adult Abuse:** Life-Line Resources staff are mandatory reporters of child abuse and dependent adult abuse. In the event that there is reason to suspect that child abuse or dependent adult abuse has occurred, your protected information may be disclosed as required by law.
- **As Authorized by Law:** We will disclose your protected information for reasons not described above when required by law to do so.
- **More Stringent Laws:** Some of your protected information may be subject to other laws and regulations and are afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, and mental health information is often given more protection. In the event your protected information is afforded greater protection under federal or state law, we will comply with the applicable law.

YOUR RIGHTS

Federal law grants you certain rights with respect to your protected information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your protected information;
- Request that certain uses and disclosures of your protected information be restricted, provided, however, if we release the information without your consent or authorization, we have the right to refuse your request;
- Access to your protected information be amended, although we are not required to grant your request;
- Obtain an accounting of certain disclosures by us of your protected information for the past six (6) years;
- Revoke any prior authorizations for use or disclosure of protected information, except to the extent that action has already been taken; and
- Request that communications of your protected information are done by alternative means or at alternative locations.

IMPORTANT CONTACT INFORMATION

This notice has been provided to you as a summary of how we will use your protected information and what your rights with respect to your protected information are. If you have any questions or would like more information regarding your protected information, please contact your direct worker or the supervisor of the program in which you participate. If you believe your privacy rights have been violated, you may file a complaint with our office by contacting your direct worker or the supervisor of the program in which you participate. He or she will provide you with specific information regarding the agency's grievance policy. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

Client Rights

The following applies to all clients of our counseling and mental health services.

The client has the right:

- A) To choose a healthcare provider that is approved by their insurance provider to provide services;
- B) To be treated with dignity, consideration and respect at all times;
- C) To expect quality service provided by concerned, trained, professional and competent staff
- D) To expect complete confidentiality within the limits of the law, and to be informed about the legal exceptions to confidentiality, and to expect that no information will be released without the client's knowledge and written consent;
- E) To a clear working contract in which business items, such as time of sessions, payment plans/fees, absences, access, emergency procedures, and third-party reimbursement procedures are discussed;
- F) To a clear statement of the purposes, goals, techniques, rules of procedure and limitations, as well as the potential dangers of the services to be performed, and all other information related to or likely to affect the ongoing mental health counseling relationship;
- G) To appropriate information regarding the mental health counselor's education, training, skills, license and practice limitations and to request and receive referrals to other clinicians when appropriate;
- H) To full, knowledgeable, and responsible participation in the ongoing treatment plan to the maximum extent feasible;
- I) To obtain information about case records and to have this information explained clearly and directly;
- J) To request information and/or consultation regarding the conduct and progress of therapy;
- K) To refuse any recommended services and to be advised of the consequences of this action;
- L) To a safe environment free of emotional, physical and sexual abuse;
- M) To a client grievance procedure, including requests for consultation and/or mediation, and to file a complaint with the mental health counselor's supervisor, and/or the appropriate credentialing body; and
- N) To a clearly defined ending process, and to discontinue therapy at any time.

Adapted from AMHCA Code of Ethics 2002