



## **HIPAA 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 THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. Trinity Care, LLC is committed to protecting this medical information, which may identify you and relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose your medical information in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your medical information.

Trinity Care is required by law to maintain the privacy of medical information and to provide you with notice of our legal duties and privacy practices with respect to medical information. We are required to abide by the terms of this Notice of Privacy Practices. Trinity Care reserves the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all medical information that we maintain at that time and a revised Notice of Privacy Practices will be provided to you at your next appointment.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

**For Treatment.** Your medical information may be used and disclosed by those outside of Trinity Care who are involved in your care for the purpose of providing, coordinating, or managing your mental health care treatment and related services with your authorization. Providing effective quality care also includes consultation with clinical supervisors or other treatment team members.

**For Payment.** Trinity Care may use or disclose medical information so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of medical information necessary for purposes of collection.

For Health Care Operations. **We may use or disclose, as needed, your medical information in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, reminding you of appointments, to provide information about treatment alternatives or other health related benefits and services, licensing, and conducting or arranging for other business activities. For example, we may share your medical information with third parties that perform various business activities (e.g., auditing) provided we have a written contract with the business that requires it to safeguard the privacy of your medical information. For training or teaching purposes medical information will be disclosed only with your authorization.**

Substance Abuse Information. **All medical information regarding substance abuse is kept strictly confidential and disclosed only in accordance with federal regulation (42 CFR part 2). The federal rules prohibit disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 CFR part 2. Disclosure of any medical referencing alcohol or substance abuse may only be made with your written permission.**

**Required by Law.** Under the law, Trinity Care must make disclosures of your medical information to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and

Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

**Abuse and Neglect**

**Judicial and Administrative Proceedings**

**Emergencies**

**Law Enforcement**

**National Security**

**Public Safety (Duty to Warn)**

Without Authorization. **Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:**

- **Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or health department)**
- **Required by Court Order**
- **Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.**

Verbal Permission. **We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.**

With Authorization. **Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.**

#### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding your personal medical information maintained by Trinity Care. To exercise any of these rights, please submit your request in writing to our COA, Ce-Drick Haynes, at (804)658-5990

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy medical information that may be used to make decisions about your care. Your right to inspect and copy medical information will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your medical information. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your medical information for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this Notice.
- **Electronic Transactions Standards.** All electronic transmissions follow Trinity Care established security guidelines necessary to protect your confidentiality.

#### **COMPLAINTS**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with Ce-Drick Haynes, our COA, at (804)658-5990. If Trinity Care is unable to satisfactorily resolve your concern, you have the right to file a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (202) 619-0257. Your clinical care with Trinity Care will not be compromised if a complaint is filed.

Client ID: \_\_\_\_\_

This notice will be reviewed with you upon initiation of services and will be in effect as of that date.

\_\_\_\_\_  
**Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Trinity Care Representative**

\_\_\_\_\_  
**Date**