Notice of Privacy Practices

1. *Who We Are*

This notice describes the Privacy Practices of River City Comprehensive Counseling Services and River City Integrative Counseling (River City), and includes all individuals who work in or for our programs and services.

1. *Our Privacy Obligations*

We are required by law to keep your health information (protected health information- PHI) private in many situations, to inform you of these practices and to follow the practices set forth.

1. *Disclosing and Using Your Information With Your Consent*

When you begin receiving care from River City, we will ask you (or your legally authorized representative) to sign a consent form that will permit us to provide care for you. We will also ask you to sign a reimbursement form granting us permission to obtain preauthorization for your care and/or to bill for the care provided. This may also include providing us with copies of your medical and personal information which may be used for reimbursement as needed. You may revoke your permission that allows us to use your information after the date of revocation, but you must do so in writing. Please note that revocation may affect our ability to provide you with services.

1. *Using Your Information (PHI) With Your Authorization*

As described above, we will use your signature on the consent form to release information for treatment, payment, or other health care operations. We may use the PHI for other reasons only when we:

1. Have specific authorization signed by you or your legally authorized representative or;
2. There is an exception as described below in section 5.

*Please note: You have the right to withdraw (revoke) your permission at any time. You can do this by sending the Chief Executive Officer at River City written letter.*

1. *Exceptions*

There may be times when we are unable to obtain your authorization and it is necessary for us to use or disclose your information. In this event, we will only release necessary information. Examples of when your PHI might be released without your authorization includes:

* Emergency medical treatment
* Medical treatment or care required by law
* Suspected abuse and neglect of children and incapacitated adults
* Reportable incidents to the public health authorities to help stop the spread of diseases
* If you are believed to represent a threat to the safety of yourself or others
* In the case of death we must report to the coroner and notify the organ bank
* Worker’ Compensation (only pertaining to the injury relating to the compensation)
* Reports to the Food and Drug Administration regarding consumed products
* May permit access to information to students, contracted agencies for the Department of Health and Human Services and others who are conducting research activities which have been approved by Administration
1. *Your Rights*
* You may contact the Chief Executive Officer if you want more information about your Privacy Rights or our Privacy Practices or are concerned that we have not followed our own rules. You may also file a written complaint with the Director of the Office for Civil Rights. This information is readily available upon request and we will not retaliate against you if you file a complaint of any kind.
* You may request access to your PHI. All reviews are supervised. You may receive a copy of your record for a reasonable charge. We will provide a copy of your discharge summary free of charge.
* You may request that we amend your records. We will comply with your written request or respond in writing if we do not feel that an amendment is appropriate. You have the right in either case to add your own addendum to the records. A copy of this addendum will be released whenever we release copies of your record.
* We will accommodate within reason any written request that asks us to communicate with you by a different means of communication or at a change of address.
* You may request a list of recipients to whom your PHI may be released for purposes other than treatment, payment, and operations. You are entitled to one free “accounting” per 12-month period. There will be a reasonable cost for additional requests.
* You must receive a copy of this notice of Privacy Policies.
* You may ask, in writing, to restrict the use and disclosure of your PHI. We cannot promise to grant every written request, but in the event that the request is granted, you must abide by the agreement.
* If you wish to give us access to you after you leave a hospital or other medical treatment facility, please do so in writing.
1. *Effective Date*

These requirements are effective as of April 14, 2003. We reserve the right to change the terms of this notice at any time. If we do so, we will place the updated version in the waiting areas and on the River City website. You may also receive a copy of the updated notice from the Chief Executive Officer.