



## SPECTRUMS FAMILY SERVICES

### **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU OR YOU AS THE GUARDIAN CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### **Our commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of our clients' personal health information (PHI) as part of providing professional care. We are also required by law to keep our clients' information private. These laws are complicated, but we must provide our clients with this information. This is a shorter version of the full legally required notice of privacy practices. Please talk to your therapist about any questions or problems, or to request the longer version of our privacy practices.

#### **How we use and disclose your/your child's protected health information with your consent:**

We will use the information we collect about you or your child mainly to provide treatment, to arrange for payment for our services, and for some other business activities that are called, in the law, 'health care operations'. After you have read this Notice we will ask you to sign a consent form to let us use and share your or your child's PHI in these ways. If you do not consent and sign this form, we cannot treat your or your child. If we want to use or send, share, or release your or your child's PHI for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

#### **Disclosing your/your child's information with your consent:**

There are times when the laws require us to use or share your or your child's PHI. For example:

- When there is a serious threat to your or your child's or another's health and safety or to the public. We will only share information with the persons who are able to help prevent or reduce the threat. (Duty to Protect.)
- When we are required to do so by lawsuits or other legal or court proceedings.
- For benefit programs, such as Disability or Vocational Rehab.

#### **Your rights regarding your/your child's health information:**

- You can ask us to communicate with you in a particular way or at a certain place that is more private for you and your child. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
- You can ask us to limit what we tell people involved in your or your child's care. The people may include, for example, family members and friends.
- You have the right to look at the health information we have about you or your child, such as medical and billing records. You can get a copy of these records but we may charge you for it.
- If you believe the information in your or your child's records is incorrect or is missing something important, you can ask us to make additions to your or your child's records to correct the situation. You have to make this request in writing and send it to our office. You must also tell us the reason you want to make the changes.
- You have the right to a copy of this notice. If we change this notice, we will post the new version in our waiting area. You can always get a copy of it from your therapist.
- You have the right to file a complaint if you believe your child's privacy rights have been violated. You can file a complaint with our office and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you or your child in any way.
- Also, you may have other rights that are granted to you by the laws of our state. These may be the same or different from the rights described above. We will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or our health information private policies, please contact your therapist.

The effective date of this notice is 01/01/2021