

NOTICE OF PRIVACY PRACTICES

***Purpose:* THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT THE CLIENT (YOU OR YOUR CHILD) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

Our commitment to your privacy:

This company is dedicated to maintaining the privacy of your child's health information. We are required by law to maintain the confidentiality of your and your child's health information. In keeping with these laws, we must provide you with the following information:

Use and disclosure of health information in certain circumstances:

This company manages medical/counseling information for treatment, payment, and health care operations. For example, we are permitted to use your child's information for the purposes of billing and receiving payment for services; and in the regular operation of our facility, such as reviewing you or your child's counseling documents in our secure electronic health record system for accuracy or information inputted by the counselor. We may also use protected health information to contact you about appointment reminders, so if you have any special requests of how to be contacted for this, let the receptionist or counselor know. We may also use protected health information to contact you by letter regarding appointments missed, closure of your chart within two weeks if no response, or a referral outside of Gateway due to policy violation. Appointment information and assigned counselor to you or your child will be sent to the referring person/agency/company, so if this is not preferred then let the receptionist or counselor know.

In addition, we may be required to use or disclose your child's health information in these circumstances without your authorization:

1. For lawsuits and other legal proceedings in response to a court or administrative order;
2. When required by a law enforcement official;
3. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. In this case we will only make disclosures to a person or organization able to help prevent the threat;
4. To the coroner or a medical examiner;
5. To federal officials for intelligence and national security activities authorized by law;
6. For Workers Compensation and similar programs

In any other situation, we will ask for your written authorization before using or disclosing any of your child's protected health information. If you choose to sign an authorization to disclose information, you may later revoke that authorization in writing to stop any future uses and disclosures.

If you would like a copy of this Privacy Practices, let the receptionist or counselor know.

Your rights regarding yours or your child's health information:

- You have a right to receive this notice of Privacy Practices. At any time you may request a copy of this notice from the front desk receptionist.
- In most cases you have a right to view or get a copy of your or your child's health information. Requests for copies must be made by signing a Release Form from the receptionist or counselor, and in regard to your child under age of 18 you must be the legal guardian of the child.
- You have a right to provide us with an authorization for uses and disclosures in addition to regular treatment, payment, or administrative purposes. This company will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
- You have a right to view a list of instances in which we have disclosed your or your child's health information for reasons other than treatment, payment, or related administrative purposes.
- If you believe the information contained in your or your child's record is incorrect or incomplete, you have the right to request that we amend the existing information or add the missing information. These requests must be made in writing to the company, and the request must state the reason you believe the information should be amended or added. We will consider your request but are not required to grant it.
- You have the right to request that your or your child's health information be communicated to you in a confidential manner such as sending mail to an address other than your home.
- You may request that we do not use or disclose your or your child's information for treatment, payment, or administrative purposes. Requests for restriction of disclosure must be made in writing to the company.
- If you believe that we have violated your or your child's privacy rights, or you disagree with a decision we have made about access to your or your child's records, you may contact the company's lead staff Wendy Chaney, 302A N. Jennings St., Saluda, SC 29138. You may also send a written complaint to the U.S. Department of Health and Human Services. We will not withhold treatment or retaliate against you in any way if you make a complaint.

We reserve the right to change the practices and terms of this notice. Changes made will be effective for the information we already have about you and your child as well as any information we receive in the future. If we make major changes in our policies, we will post the new notice in the lobby. If you have any questions about our privacy policies, contact Wendy Chaney, 302A N. Jennings St., Saluda, SC 29138.