



CROSSROADS COUNSELING & CONSULTING ASSOCIATES, PC

Psychiatry, Mental Health and breakthrough TMS Treatment

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NOTICE OF PRIVACY PRACTICES

(Please read this entire document carefully)

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must follow the privacy practices as described below. This notice will take effect on April 14, 2003 and will remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the terms of our Notice effective for all health information maintained, created, and/or received by us before the date changes were made. You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer, Dr. Jasbir Kang. Information on contacting us can be found at the end of this Notice.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established "minimum necessary or need to know" standards that limit various staff members' access to your health information according to their primary job functions.

Disclosures: We may disclose and/or share your healthcare information with other healthcare professionals who provide treatment and/or services to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends, and/or other person you choose to involve in your care, only if you consent that we may do so. We will also need to obtain a consent or authorization before releasing your psychotherapy notes. "Psychotherapy Notes" are notes we have made about our conversation during an individual, group, joint or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than Protected Health Information.

Revocation: You may revoke such authorization of Protected Health Information or psychotherapy notes at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that 1) we have relied on that authorization, or 2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to consent the claim under the policy.

Payment: We may use and disclose your health information to seek payment for services we provide to you. The disclosure involves our billing office staff and may include insurance organization or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use of disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inference of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our office staff, outside health or management reviewers and individuals performing similar activities.

Required by Law: We will use and disclose your health information when we are required to do so by law (court or administrative orders, discovery request or other lawful process). We will use and disclose when requested by national security, intelligence and other State and Federal officials and/or if you are and inmate or otherwise under the custody of law enforcement. If you are involved in a court proceeding and a request is made about the professional services we provided you or the records thereof, such information is privileged under state law, and we will not release the information without your written consent, or court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat, we must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the **threat** or intent.

Worker's Compensation: If you file a worker's compensation claim, we will be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment and prognosis.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others. Abuse or neglect of a minor child will require us to release health information without consent.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medication, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will not use your health information for marketing purpose unless we have your written authorization to do so.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment at our agency. If you do not wish to be contacted via telephone, please inform the front office.

Alternative Treatment: We may use and disclose health information to inform you about treatment alternatives and other health related benefits that we believe might be of interest to you.

YOUR PRIVACY RIGHTS AS OUR PATIENT

Access: You have the right to inspect and copy medical information that may be used to make decisions about your care. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and health information that is subject to a law that prohibits access to health information. You must request to inspect and/or obtain a copy of your health record in writing. If you request a copy of your health care information or if you agree to a summary of such information, we will charge a fee for this service. Contact the Privacy Officer for specific charges related to this service. We may deny your request under very limited circumstances. Depending on the circumstances, a decision to deny access may be reviewable and you may request that the denial be reviewed by another health care professional chosen by someone on our health care team. We will abide by the outcome of that review.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied. For example, we may deny your request if the information was not created by our facility, is not part of the information which you would be permitted to inspect and copy, or if the information is not accurate and complete.

Non-Routine Disclosures: You have the right to obtain an accounting of disclosures of your health information. The accounting will only provide information about disclosures made for purposes other than treatment, payment, or health care operations and is subject to other restrictions, exceptions, and limitations. You must make a request for this accounting in writing. Your request must state a time period which may not be longer than six (6) years (you may request a shorter time period) and may not be for disclosures prior to April 14, 2003.

Confidential Communication: You have the right to request that we communicate your health information to you by alternative means or at alternative locations. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

Restrictions: You have the right to request a restriction on certain uses and disclosures of your information. We are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency care or other emergent circumstances.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

HOW TO CONTACT US

Practice Name: Crossroads Counseling and Consulting Associates
Privacy Officer: Dr. Jasbir Kang
Telephone: 724-942-3996
Fax: 724-942-5471
Address: 615 East McMurray Road
McMurray, PA 15317