



Notice of Privacy Practices

This includes Protected Health Information (PHI) under HIPAA regulations.

THIS NOTICE DESCRIBES HOW HEALTH/MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

1. **PURPOSE:** Turning Point, Inc. (TPI) and its professional staff, employees, trainees and volunteers follow the privacy practices described in this Notice. TPI keeps your mental health information in records that are maintained and protected in a confidential manner as required by law. Please note that in order to provide you with the best possible care and treatment all professional staff involved in your routine treatment/services and employees responsible for billing and payment may have access to your records. Every time you visit Turning Point a record of your visit is recorded. Typically, that record contains your symptoms, examination, test results, diagnoses, treatment and a plan for future care or treatment. Understanding what is in your health record and how information is used helps you to ensure its accuracy and helps you make more informed decisions when authorizing disclosure to others.

2. HOW WILL TPCC USE MY PROTECTED HEALTH INFORMATION (PHI)?

Your personal record will be retained by TPI for seven years after your last contact with the Agency. After that, the record will be shredded and destroyed in a way that protects your privacy. When we use your PHI here or disclose it to others (with release of information or via court order) we share only the **minimum necessary** information needed for the purpose. Unless you ask for restrictions on a specific use or disclosure, disclosure can include the following information in addition to treatment, payment, or health care operations:

- Appointment reminders
- Notification when an appointment is cancelled or rescheduled by TPI
- For Public health purposes, we may disclose your health information to public health or legal authorities, as required by law, charged with preventing or controlling disease, injury or disability, such as suspected abuse, or neglect.
- Mental health oversight activities, e.g., Audits, inspections or investigations of administration and management and all quality assurance activities.
- Lawsuits and disputes (We will attempt to give you advance notice of a subpoena before disclosing information from your record);
- Law enforcement (in response to a court order or other legal process) to identify or locate an individual being sought by authorities; about a victim of crime under restricted circumstances; about a death that may be a result of criminal conduct; about criminal conduct that occurred in the Agency; when emergency circumstances occur relating to a crime;
- To prevent a serious threat to health or safety;
- To business associates who perform functions for us, such as our accountants or attorneys, but they will be asked to sign an agreement that they will treat your PHI in the manner required by HIPAA;
- In an emergency situation, if we decide it is in your best interest.
- To third party payers such as your insurance company that may contain diagnoses, date of service, procedure or other information in order to determine payment for services rendered.

3. **YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.** Except as described above, we will not use or disclose information from your record unless you authorize us to do so in writing. Similarly, you may revoke your permission by submitting a written request.

4. YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION. You have the following rights regarding your health information, provided that you make a written request to invoke the right. Although your record is the physical property of TPI, the information belongs to you.

- Right to request restrictions on uses and disclosures. You may request limitations on your mental health record we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you emergency services.
- Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- Right to inspect and copy. You have the right to inspect and copy your information. We may charge a fee for copying. Your service provider/designee will be present when reviewing your records. Under limited circumstances, your request may be denied, and you will be notified of the decision in writing.
- Right to request clarification of record or an amendment to your record. If you believe the information we have about you is incorrect or incomplete you may ask to add clarifying information. TPI is not required to accept the information you provide or to change your record. An example of why we would not do so is if we did not create the information.
- Right to a copy of this Notice. You may request a paper copy of this Notice at any time.
- Right to know who has been given information from your health record
- Right to revoke your authorization to use or disclose health except to the extent that action has already been taken
- Right to be notified of a breach of any unprotected health information.

5. REQUIREMENTS REGARDING THIS NOTICE. TPI is required to provide you with this notice that governs our privacy practices. TPI may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for mental health information we have about you as well as information we receive in the future.

6. COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with TPI's governing board. Please call TPI to set up a meeting or file a complaint. TPI's Executive Director will review your request with you.

For any HIPAA violation that impacts a resident of Indiana:

Indiana Attorney General

**Consumer Protection Division
302 W. Washington St., 5th Floor
Indianapolis, IN 46204
317-232-6330 OR 800-382-5516**

U.S. Department of Health & Human Services

**Office for Civil Rights: Region 5
233 N. Michigan Ave. Suite 240
Chicago, IL 60601
312-866-2359**

By signing below I acknowledge I have read the privacy practices and understand my rights as outlined. I also understand I may ask for a copy of this at time of signing or anytime thereafter.

Client or Client Representative Signature

Date Signed

The effective date of this notice is March 21, 2019
Supersedes April 22,2014 Notice of Privacy Practices