

## Notice of Privacy Practices (HIPAA)

**Family Therapy Clinic of Louisiana, LLC** must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information will be available for release to you, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice. However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, we will give you a revised copy of the privacy notice in written form either in person or by mail.

### Use and disclosure of personal health information:

**Treatment** - For example, a clinician may use the information in your health record to determine which treatment option best addresses your health needs. The treatment selected will be documented in your health records so that other health care professionals can make informed decisions about your care.

**Payment** - In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your health bills.

**Health Care Operations** - We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your clinicians, health care staff, and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations. In addition, we may want to use your health information for appointment reminders. For example, we may look at your health record to determine the date and time of your next appointment with us, and then send you a reminder letter to help you remember the appointment. Or, we may look at your health information and decide that another treatment or a new service we offer may interest you. For example, we may contact a patient to notify them that we have a new research facility that offers new treatments. Furthermore, we may want to use information found in your health record, such as your name, address, phone number, and treatment dates, to contact you for fund-raising purposes. (*Note: We do not conduct fund-raising*).

### Additional Uses and Disclosures of Your Health Information:

- **As required or permitted by law**
- **For public personal health activities** - We may be required to report your personal health information to authorities to help prevent or control disease, injury, or disability. This may include using your personal health record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
- **For personal health oversight activities** - We may disclose your personal health information to authorities so they can monitor, investigate, inspect, discipline, or license those who work in the personal health care system or for government benefit programs.
- **For research** - Under certain circumstances, and only after a special approval process, we may use and disclose your personal health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.

- **To avoid a serious threat to personal health or safety** - As required by law and standards of ethical conduct, we may release your personal health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's personal health or safety.
- **For military, national security, or incarceration law enforcement custody** - If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your personal health information to the proper authorities so they may carry out their duties under law.
- **For workers' compensation** - We may disclose your personal health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.
- **To those involved with your care or payment of your care** - If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your personal health bills, we may release important personal health information about you to those people. The information released to these people may include your location within our facility, your general condition, or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your personal health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or personal health status. We may allow you to agree or disagree orally to such release, unless there is an emergency.

NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your personal health information. An authorization is different than consent. One primary difference is that unlike with consents, a provider must treat you even if you do not wish to sign an authorization form. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to **Erich G. Duchmann, Ph.D.**

### **Your rights regarding your personal health information:**

You have several rights with regard to your personal health information. If you wish to exercise any of the following rights, please contact **Erich G. Duchmann, Ph.D.** Specifically, you have the right to:

**Inspect and copy your personal health information** - With a few exceptions, you have the right to inspect and obtain a copy of your personal health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your personal health information.

**Request to correct your personal health information** - If you believe your personal health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your personal health information should be changed. However, if we did not create the personal health information that you believe is incorrect, or if we disagree with you and believe your personal health information is correct, we may deny your request.

**Request restrictions on certain uses and disclosures** - You have the right to ask for restrictions on how your personal health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or personal health care operation activities. Or, you may want to limit the personal health information provided to family or friends involved in your care or payment of personal health bills. You may also want to limit the personal health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restriction.

If you receive certain personal health devices, you may refuse to release your name, address, telephone number, social security number or other identifying information for purpose of tracking the personal health device.

**As applicable, receive confidential communication of personal health information** - You have the right to ask that we communicate your personal health information to you in different ways or places. For example, you may wish to receive information about your personal health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

**Receive a record of disclosures of your personal health information** - In some limited instances, you have the right to ask for a list of the disclosures of your personal health information we have made during the previous six years, but the request cannot include date before April 14, 2003. This list must include the date of each disclosure, who received the disclosed personal health information, a brief description of the personal health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, personal health care operations, our directory, nation security, law enforcement/ corrections, and certain personal health oversight activities.

**Obtain a paper copy of this notice** - Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.

**Complain** - If you believe your privacy rights have been violated, you may file a complaint with us and with the federal Department of Personal Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact who will provide you with the necessary assistance and paperwork.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact **Erich G. Duchmann, Ph.D.** at **225-292-0155**.

**Effective Date:** April 14, 2003

# Consent for Treatment

**I understand and agree with the following:**

- My participation in services at **Family Therapy Clinic of Louisiana, LLC** is strictly voluntary
- Any data from psychological testing procedures may be used for research purposes and in the event of such use, my identity will remain anonymous in any research database that is derived from review of patient records at **Family Therapy Clinic of Louisiana, LLC**
- All information obtained in therapy, assessment, and testing is confidential and can only be released with my written consent. Exceptions to this legal safeguard include:
  - If I am considered a possible danger to myself or other/s
  - If records are subpoenaed by a court of law
  - The provider discovers abuse or neglect of any child or an adult who cannot physically or mentally protect themselves
- Any questions that I have about this Consent for Treatment may be answered by my provider or by contacting Erich Duchmann, PhD, MP at (225) 292-0155

By signing below I acknowledge I have been provided ample opportunity to read this document or that it has been read to me. I understand the above stated conditions for Consent and have read the Notice of Privacy Practices. I give my oral and written consent for evaluation and/or treatment for the entire course of my present condition/s.

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

***(Additional consent for patients less than 16 years old)***

\_\_\_\_\_  
Legal Guardian Printed Name

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date