
ALLENDALE ASSOCIATION/BRADLEY COUNSELING CENTER
NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW CAREFULLY
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US AND WE WILL
ONLY RELEASE INFORMATION ABOUT YOU IN ACCORDANCE WITH STATE
AND FEDERAL LAW.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and health care operations. For example:

Treatment: We may use or disclose your health information to obtain payment for services we provide to you, including sharing information with others outside our agency that we may consult with or refer you to for services.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Health Care Operations: We may use and disclose your health information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You also have the right to request restrictions on disclosures of PHI (Personal Health Information), or alternative means of communication to ensure privacy.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law or for national security activities. For example, we may provide your health information to law enforcement officials in order to comply with a court order or subpoena.

Abuse or Neglect: We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, i.e., voicemail, messages, postcards, letters.

CLIENT RIGHTS

Access: You have the right to look at or obtain copies of your health information with limited exceptions. If you request copies, we will charge you a reasonable fee to locate and copy your information, and postage, if you want the copies mailed to you.

Accounting for Disclosures: You may request an accounting of any disclosures we have made related to your confidential information, except for information we used for treatment, payment or healthcare operations purposes or that we shared with you or your family, or information that you provided us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years, please submit your request in writing to our Privacy Officer. We may charge you a reasonable fee for preparing the list.

Amendment: You have the right to request that we amend your health information if you believe that something in your record is incorrect or incomplete. To do this, contact the Privacy Officer and ask for the "Request to Amend Health Information" form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you are in disagreement. We will then file your statement and our response in your record.

Contacting You: You may request that we send information to an alternative address or by alternative means. We will honor such request as long as it is

reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

Release of Records: You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction on Record: You may ask us not to use or disclose a part of the treatment information. This request must be in writing. The Agency is not required to agree to your request if we believe it is not in your best interest to permit use and disclosure of the information. The request should be forwarded to the Privacy Officer.

QUESTIONS and COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may file a complaint by using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services, upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer:

Lindzy Zaremba
Employee Relations & Benefits Coordinator
Extension 6217