

# NOTICE OF PRIVACY PRACTICES MIDTOWN FAMILY THERAPY GROUP

1768 South Utica, Tulsa, Oklahoma 74104 • [www.MidtownFamilyTherapy.com](http://www.MidtownFamilyTherapy.com)

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### OUR PLEDGE REGARDING YOUR MENTAL HEALTH INFORMATION

Midtown Family Therapy Group is committed to protecting information regarding your mental health treatment and related health care services (“mental health information”) about you. We create a record of the care and services you receive at Midtown Family Therapy Group for use in your care and treatment. This Notice tells you about the ways in which we may use and disclose your mental health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your mental health information.

We are required by law to:

- make sure that your mental health information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to mental health information about you;
- follow the terms of the Notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MENTAL HEALTH INFORMATION ABOUT YOU

The following sections describe different ways that we may use and disclose your mental health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.

**For Treatment.** We may use mental health information about you to provide you with medical or psychological treatment or services. We may disclose mental health information about you to doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in the health system. For example, a doctor treating you for a mental condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed for you. We may also share mental health information about you with other Midtown Family Therapy Group personnel or non-Midtown Family Therapy Group providers, agencies or facilities who are treating you for a medical or psychological condition, in order to provide or coordinate the different things you need, such as prescriptions or types of therapy. We also may disclose mental health information about you to people outside Midtown Family Therapy Group who may be involved in your continuing mental health or medical care after you leave Midtown Family Therapy Group such as other health care providers, transport companies, community agencies and family members.

**For Payment.** We may use and disclose mental health information about you so that the treatment and services you receive at Midtown Family Therapy Group may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about therapy you received at Midtown Family Therapy Group so your health plan will cover the treatment.

**For Health Care Operations.** We may use and disclose mental health information about you for Midtown Family Therapy Group operations. These uses and disclosures are made for quality of care and medical staff activities, Midtown Family Therapy Group health sciences education within Midtown Family Therapy Group, and teaching programs. Your mental health information may also be used or disclosed to comply with law and regulation, for contractual obligations, patients’ claims, grievances, or lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of Midtown Family Therapy Group to another entity, underwriting and other insurance activities and to operate the health system. For example, we may review mental health information to find ways to improve treatment and services to our patients. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

**Appointment Reminders.** We may contact you to remind you that you have an appointment at Midtown Family Therapy Group.

**Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may contact you about benefits or services that we provide.

**Individuals Involved in Your Care.** We may tell your family about your general condition and that you are in the hospital unless you request we do not provide this information. Upon request of a family member and with your consent, we may give the family member, notification of your diagnosis, prognosis, medications prescribed and their side effects and progress. If a request for information is made by your spouse, parent, child, or sibling and you are unable to authorize the release of such information, we are required to give notice of your presence in the hospital, except to the extent prohibited by law. Upon your admission, we are required to make reasonable attempts to notify your next of kin or any other person designated you, of your admission, and of your release, transfer, serious illness, injury, or death only upon request of the family member, unless you request that this information not be provided.

**As Required By Law.** We will disclose mental health information about you when required to do so by federal or state law.

**Public Health Disclosures.** We may disclose mental health information about you for public health purposes. These purposes generally include the following:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons of recalls, repairs or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- notifying the appropriate government authority if we believe a client has been the victim of abuse or neglect and make this disclosure as authorized or required by law;
- notifying the coroner of a patient’s death.

**Health Oversight Activities.** We may disclose mental health information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

**Lawsuits and Other Legal Actions.** In connection with lawsuits or other legal proceedings, we may disclose mental health information about you in response to a court or administrative order, or in response to a subpoena, warrant, summons or other lawful process. We may disclose mental health information to courts, attorneys and court employees in the course of conservatorship, writ and certain other judicial or administrative proceedings.

**Law Enforcement.** We may release mental health information to law enforcement officials as follows:

- as needed for the protection of certain elected officials, others and their families, as required by law;
- for the protection of persons when necessary to protect them from a serious danger of violence [information may also be released to others who may be able to help stop or reduce the danger];
- when requested at the time of a client's involuntary hospitalization [information may also be released to the county mentalhealth director/designee];
- when reporting that a client, while hospitalized, has been a victim or perpetrator of certain specified crimes;
- when requested by an officer who lodges a warrant with the facility;
- to identify or locate a suspect, fugitive, material witness, certain escapes and certain missing person;
- in response to a court order, subpoena, warrant, summons or similar process;

**Advocacy Groups.** We may release mental health information to Protection and Advocacy, Inc. with a client or client representative's authorization or for the purposes of certain investigations. We may release mental health information to the County Patients' Rights Office with a client or client representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.

**Coroners and Medical Examiners.** We may report the death of a client to a coroner or medical examiner.

**Protection of Elective Constitutional Officers.** We may disclose mental health information about you to government law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

**Emergency Response Worker.** We may disclose mental health information to emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal law.

**Department of Justice.** We may disclose limited information to the Department of Justice for movement and identification purposes about certain criminal clients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon.

**Multidisciplinary Personnel Teams.** We may disclose mental health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child and the child's parents or an abused elder or dependent adult.

**Senate and Assembly Rules Committees.** We may disclose your mental health information to the Senate or Assembly Rules Committee for purpose of legislative investigation, as required by law.

**Psychologist or Psychiatrist Representing an Employer.** We may disclose your mental health information to a psychiatrist or psychologist representing your employer, upon your request, unless we believe the release is contrary to your best interests.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release mental health information about you to the correctional institution as authorized or required by law.

**PSYCHOTHERAPY NOTES:** *Psychotherapy notes* means notes recorded (in an medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. *Psychotherapy notes* excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. Psychotherapy notes may not be disclosed without your authorization except in certain limited circumstances:

- Use or disclosure in supervised mental health training programs for students, trainees, or practitioners;
- Use or disclosure by the covered entity to defend a legal action or other proceeding brought by the individual;
- A use or disclosure that is required by law
- A use or disclosure that is permitted:
  - for legal and clinical oversight of the psychotherapist who made the notes.
  - to prevent or lessen a serious and imminent threat to the health or safety of the public

## **YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU**

Your mental health information is the property of Midtown Family Therapy Group. You have rights, however, regarding mental health information we maintain about you.

## **CHANGES TO MIDTOWN FAMILY THERAPY GROUP'S PRIVACY PRACTICE AND THIS NOTICE**

We reserve the right to change Midtown Family Therapy Group's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for mental health information we already have about you as well as any information we receive in the future. In addition, at any time you may request a copy of the current Notice in effect.

## **QUESTIONS OR COMPLAINTS**

If you have any questions about this Notice, please contact your therapist, 1768 South Utica, Tulsa, OK 74104. If you believe your privacy rights have been violated, you may file a complaint with Midtown Family Therapy Group.

**You will not be penalized for filing a complaint.**

## **OTHER USES OF MENTAL HEALTH INFORMATION**

Other uses and disclosures of mental health information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose mental health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose mental health information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we will retain our records of the care provided to you as required by law.