

## Crossroads Counseling, PLLC

3830 Packard Rd, Suite 160, Ann Arbor, MI 48108; Tel/Fax: 734.929.9703  
Contact Person: Administrative Director

### NOTICE OF PRIVACY PRACTICES

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

THIS NOTICE APPLIES TO ALL OF THE RECORDS OF OUR CARE GENERATED BY THE PRACTICE, WHETHER MADE BY THERAPISTS OR AN ASSOCIATED FACILITY.

#### We Care

You and your Protected Health Information (PHI) are important to us. We thank you for the opportunity to serve you.

We understand that medical and mental health information about you and your health is private and we are committed to protecting your information. We create records to detail the care and services you receive from us. We need this record in order to provide you with quality care and to comply with certain legal requirements. This NOTICE applies to any records generated at Crossroads Counseling and describes how we protect your health information and what rights you have regarding this information. If you have any questions about this NOTICE, please contact the office contact person shown above.

#### Treatment and Payment

The most common reasons why we use or disclose your Protected Health Information (PHI) is for treatment, payment or health care operations, and as required by law. Some examples of how we use or disclose information for treatment purposes and for payment purposes are:

- Setting up an appointment for you.
- Requesting PHI from other professionals that you may have seen before us.
- For national security or intelligence purposes.
- To correctional institutions or law enforcement officials as provided in the privacy rule.
- Asking you about your health insurance coverage or other sources of payment.
- Preparing and sending bills/statements or claims.
- Collecting unpaid amounts either by us or through a collection agency or attorney. For collection purposes, home and work phone numbers, employer, employer's address, spouse name, spouse's employer and employer's address will be disclosed.
- Billing audits and internal quality assurance
- Reviewing our treatment and services to evaluate the performance of our staff.
- Uses and disclosures to prevent a serious threat to health or safety.
- Worker's Compensation.
- Defense of legal matters.

#### Limits of Confidentiality

The federal laws and regulations protects the confidentiality of your case record, including identifying information, excluding situations of potential harm to yourself or others, including suicidal or homicidal intentions or plans, suspected or known abuse or neglect of child or vulnerable adult, admitted prenatal exposure to controlled substances that are potentially harmful, or if the information is court-ordered. Federal laws do not protect any information about a crime committed by a client either at the agency, or against any person who works for the agency or any threat to commit such a crime.

We may call, write or email to remind you of your scheduled appointment. If you are not at home, we may leave a reminder message on your answering machine or with the person answering the phone. No PHI will be disclosed during this recording or message other than the date and time of your scheduled appointment, who we are, and whom the appointment is with. Example: This is Suzy (caller) from Crossroads calling to remind you of your appointment with Tim Smith (therapist) tomorrow at 5 pm. If you wish NOT to receive calls at home, you must submit this in writing to us.

If we contact you at work, it is our policy not to leave a message. If we would find it necessary to leave a message at your work, we would identify ourselves only as "Crossroads". If you wish NOT to receive calls at work, you must submit this in writing to us.

It is our policy to send statements to your home address when payment is not received at time of appointment, for a missed appointment, or for any reason resulting in a balance on your account. This mailing will have our complete name and address on it. If you wish not to receive statements at your home, you should pay at time of service or provide us in writing with a billing address.

#### Fundraising and Marketing

As a courtesy to our clients, we may send out newsletters, flyers, letters, post cards, invitations, or call your home to invite you to participate in some activity. We will provide you with information about the type of activity, the dates and times, and request your

participation in such an event. It is not our policy to disclose any PHI about you. You may ask to stop receiving these forms of communication at any time by notifying us in writing.

### **Directory/Sign-In Log**

We may use a directory of and sign-in log for individuals seeking care and treatment in the office. Directory and sign-in log are located in a position where staff can readily see who is in our office for an appointment. This sign-in log may ask you to indicate your name, appointment time, and the name of your therapist. Others who are seeking services in our office may see this information. We may also call you by name in the waiting room when your therapist is ready to see you.

### **Change of Ownership**

In the event that Crossroads is sold or merges with another organization, your information/record will become the property of the new owner.

### **Your Rights**

★ You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Crossroads Counseling is not required to agree to the restriction that you request. To ask for a restriction, send a written request to our office or to the fax shown at the beginning of this NOTICE.

★ You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your written request. We will accommodate these requests if they are reasonable and if you pay us for any extra cost. If you want to ask for confidential or alternative communications, send a written request to our office or to the fax shown at the beginning of this NOTICE.

★ You have the right to see or to obtain photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within thirty (30) days of asking us (or sixty (60) days if the information is stored off-site). You will be asked to pay a reasonable charge in advance for photocopies and for review of your records. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of extension. If you want to review or get photocopies of your information, send a written request to our office or to the fax shown at the beginning of this NOTICE. A summary of clinical notes will be made available upon request. Your therapist will charge a fee to write this summary.

★ You have a right to request that Crossroads Counseling amend your PHI 60 days from when you ask us. If we do not agree, you can write a statement of your position and we will include it with your PHI along with any rebuttal statement that we may write. Once your statement of position and/or rebuttal is included in your health information, we will send it along whenever we make permitted disclosure of our information. By law, we can have a 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request to our office or to the fax shown at the beginning of this NOTICE.

★ You have a right to request a report of disclosure that we have made of your health information within a given time. We will provide it to you within 60 days after we receive your request for the report. By law, we can have a 30-day extension of time if we notify you in writing of the extension. The first report in a twelve-month period is free. Thereafter, a reasonable, cost-based fee will be imposed for additional reports in that twelve-month period.

★ You have a right to receive additional paper copies of NOTICE OF PRIVACY PRACTICES. If you want additional paper copies, send a written request to our office or to the fax shown at the beginning of this NOTICE.

### **Revisions to this Notice**

We reserve the right to revise this NOTICE. Any changes will apply to information we already have or will receive in the future. Revised NOTICES will be posted in this office, and you can obtain a copy by sending a written request to our office or to the fax shown at the beginning of this NOTICE.

### **Complaints**

Complaints about your Privacy rights or how Crossroads Counseling has handled your health information should be directed to the Administrative Director of Crossroads Counseling by calling this office at 734.528.9703. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

Office for Civil Rights  
US Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F HHH Building  
Washington, DC 20201

For complaints involving covered entities located in Michigan:

Region V Office for Civil Rights  
US Department of Health and Human Services  
233 N Michigan Avenue, Suite 240  
Chicago, IL 60601 1.312.886.2359