

Privacy Practice Notice

This notice describes how mental health information about you may be used and disclosed and how you can get hold of this information.

PLEASE REVIEW IT CAREFULLY.

This notice describes Health Paradigm practices and that of: Any health care professional authorized to enter information into your medical record. Any member of a volunteer group we allow to help you while you are our Client/patient, employees, staff, or other personnel from Health Paradigm. In addition, all the above entities may share mental health information with each other for treatment, payment, or Health Paradigm operation.

OUR PLEDGE REGARDING MENTAL HEALTH INFORMATION:

We understand that mental health information about you and your health is personal and confidential. We are committed to protecting mental health information about you. We create a record of the care and services you receive at Health Paradigm. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Health Paradigm, whether made by Health Paradigm personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose mental health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of mental health information.

We are required by law to: Make sure that mental health information that identifies you to keep private, give you this notice of our legal duties and privacy practices with respect to mental health information about you; and follow the terms of this notice that is currently in effect.

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

The following categories describe different ways that we use and disclose mental health information. For each category of uses or disclosures we will explain what we meant and try to give some examples. Not every use or disclosure is a category will be listed. However, all of the way we are permitted to use and disclose information will fall within one of the categories.

Treatment: We may use mental health information, to provide you with mental health treatment or services. We may discuss mental health information about you with doctors, nurses, technicians, mental health students, or other Health Paradigm personnel who are involved in taking care of you at Health Paradigm. We also may describe mental health information about you to people outside Health Paradigm who may be involved in your mental health care after you leave Health Paradigm, such as family members, clergy, or others we use to provide services that are part of your care.

Payment: We may use and disclose mental health information about you so that the Treatment and services you receive at Health Paradigm 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 you health plan information about treatment received at Health Paradigm so your health plan will pay us or reimburse for your treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations: We may use and disclose mental health information about you for Health Paradigm operations. These uses and disclosures are necessary to run Health Paradigm and make sure that all of our Clients/patients receive quality care. For example we may use mental health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine mental health information about many patients to decide what additional services Health Paradigm should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, mental health students and other Health Paradigm personnel for review and learning purposes. We may also combine the mental health information we have with mental health information from other Mental Health Care Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of mental health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders: We may use and disclose mental health information or contact you as a reminder that you have an appointment for treatment or mental health care at Health Paradigm.

Treatment Alternatives: We may use and disclose mental health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose mental health information to tell you about health-related benefits or alternatives that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release mental health information about you to a friend or family member who is involved in your mental health care or may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are at Health Paradigm.

Research: Under certain circumstances, we may use and disclose mental health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those that received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of mental health information. Before we use or disclose mental health information for research, the project will have been approved through this research approval process, but we may, however, disclose mental health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific mental health needs, as long as the mental health information they reviewed does not leave Health Paradigm. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at Health Paradigm.

As requested by law: We will disclose mental health information about you when required to do so, by federal, state, or local laws.

Avert a Serious Threat to Health or Safety: We may use and disclose mental health information about you when necessary to prevent serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Military and Veterans: If you are a member of the armed forces, we may release mental health information about you as requested by military command authorities. We may also release mental health information about foreign military personnel to the appropriate foreign military authority.

A component of the Department of Defense or Transportation should also include the following:” If you are a member of the Armed Forces, we may disclose mental health information about you to the Department of Veterans Affairs upon your separation or discharge from military services. This disclosure is necessary for the Department of Veterans Affairs to determine if you are eligible to certain benefits”

A component of the Department of Veterans Affairs should also include the following: We may use and disclose the components of the Department of Veterans Affairs mental health information about you to determine whether you eligible to certain benefits.

Workers Compensation: We may release mental health information about you to Worker’s Compensation or similar programs. This program provides benefits for work related injuries or illness.

Public Health Risks: We may disclose mental health information about you for public health activities. These activities generally include the following: -Prevent or control disease, injury or disability. - Report birth and death. -Report child abuse or neglect. -Report reactions to medications or problems with products. - Notify people of recalls they may be using. Notify a person who may have been exposed to a disease or at risk of contracting.

Inspect and or obtain a copy of mental health information that may be used to make decisions about you, you must submit your request in writing to Health Paradigm. If you request a copy of the information, we charge a fee for cost of copies and mailing supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to mental health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Health Paradigm will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel the mental health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Health Paradigm. To request an amendment, your request must be made in writing and submitted to Health Paradigm administrator. In addition you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support your request. In addition we may deny your request if you ask us to amend information that: -Was not created by us, unless the person or entity that created the information is no longer available to make the amendment. - Is not part of the mental health information kept by Health Paradigm. - Is not part of the information which you would be permitted to inspect or copy. - Is accurate and complete.

Rights to an Accounting of Disclosure: You have the right to request and “Accounting of Disclosure” This is a list of the disclosures we mad of mental health information about you. To request this list of Accounting of Disclosures you must submit your request in writing to Health Paradigm. Your request must state a time period which may be no longer than 6 years and may not include dates before February 8, 2003. Your request should indicate in what form you want the list (for example, paper, electronically). The first list you request within a 12 month period will be free. For additional list, we may charge you for the cost of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Rights to Request Restrictions: You have the right to request a restriction or limitation on the mental health information we use or disclose about you for treatment, payment or health care operations. You have also the right to request a limit on the mental health information disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. For example, you could ask that we not use or disclose information about a treatment you had. We are not required to agree to your request; we will comply with your request unless the information is needed to provide your emergency treatment. To request restrictions, you must request in writing to Health Paradigm. In your request, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

If you have any question about this notice, please contact: Office Assistant
615 South Trenton Street.
Ruston, LA 71270