



**1511-7th St. S, Nampa, ID 83651  
208-274-3152**

**Notice of Privacy Practices  
Confidentiality Statement And  
The Health Insurance Portability & Accountability Act (HIPPA)**

**THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION MAINTAINED BY CARE HOUSE CLINIC, (CHC) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**I. Uses and Disclosures for Treatment, Payment, and Mental Healthcare Operations**

Care House Clinic (CHC) may use or disclose your protected health information (PHI), for treatment, payment, and mental healthcare operations purposes with your consent. To help clarify these terms, here are some definitions:

- PHI refers to information in your health/counseling record that could identify you.
- Treatment, Payment and Mental Healthcare Operations
  - Treatment is when CHC provides, coordinates or manages your mental healthcare and other services related to your mental healthcare. An example of treatment would be when your counselor consults with another mental healthcare provider.
  - Payment is when CHC obtains reimbursement for your healthcare. Examples of payment are when CHC discloses your PHI to your health insurer to obtain reimbursement for your mental healthcare or to determine eligibility or coverage.
  - Mental Healthcare Operations are activities that relate to the performance and operation of CHC. Examples are: quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- Use applies only to activities within CHC such as sharing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure applies to activities outside of CHC, such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

CHC may use or disclose your PHI for purposes outside of treatment, payment, and mental healthcare operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. CHC will also need to obtain an authorization before releasing your service notes. Service notes are notes that your counselor has made about conversations and/or activities during a private, group, joint, or family counseling session, which are separated from the rest of your counseling record. These notes are given a greater degree of protection than your PHI.

You may revoke all such authorizations (of PHI or service notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) CHC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

CHC may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If a child receives counseling services at CHC who appears to be the victim of physical or sexual abuse/neglect, CHC must report such to the appropriate child protection agency.
- **Adult and Domestic Abuse:** If CHC has reason to believe that a vulnerable adult (defined below) is suffering from abuse, neglect or exploitation, CHC is required by law to make a report to the appropriate agency as soon as CHC becomes aware of the situation.
  - A vulnerable adult means an individual who is an incapacitated person or who, because of physical or mental disability, incapability, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of him or herself, or is unable to manage his or her property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect him or herself from abuse, neglect, or exploitation without assistance from others.
- **Health Oversight:** If you file a disciplinary complaint against a CHC counselor with the Idaho Bureau of Occupational Licenses, they would have the right to view your relevant confidential information as part of the proceedings.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release the information without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to a CHC counselor an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable person, and you have the apparent intent and ability to carry out that threat, CHC has the legal duty to take reasonable precautions. These precautions may include disclosing relevant information from your mental health records, which is essential to protect the rights and safety of others. CHC also has such a duty if you have a history of physical violence of which CHC is aware, and CHC has reason to believe there is a clear and imminent danger that you will attempt to kill or inflict serious bodily injury upon a reasonably identifiable person.
- **Workers Compensation:** If you file a workers compensation claim, you will be giving permission for the Administrator of the Workers Compensation Court, the Idaho Insurance Commissioner, the Attorney General, a district attorney (or a designee for any of these) to examine your records relating to the claim.

### **IV. Client's Rights and Counselor's Duties**

Clients Rights:

- **Right to Request Restrictions**
  - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, CHC is not required to agree to a restriction you request.

- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations
  - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a counselor at CHC. Upon your request, CHC will send your bills to another address.)
- Right to Inspect and Copy
  - You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. CHC may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, CHC will discuss with you the details of the request and denial process.
- Right to Amend
  - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. CHC may deny your request. On your request, CHC will discuss with you the details of the amendment process.
- Right to an Accounting
  - You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, CHC will discuss with you the details of the accounting process.

**CHC Intern Counselors and Licensed Professional Counselors Duties:**

- We are required by law to maintain the privacy of PHI and to provide you with a Notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this Notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will have the revised copy of the Notice available for your inspection at the office of CHP.

**V. Questions and Complaints**

If you have questions about this notice, disagree with a decision CHC has made about access to your records, or have other concerns about your privacy rights, you may contact Rev. Tony Johnson, Privacy Officer, Care House Partnerships (208) 446-3549. If you believe that your privacy rights have been violated and wish to file a complaint with the CHP office, you may send your written complaint to Rev. Tony Johnson, Privacy Officer, Care House Partnerships, 601-16<sup>th</sup> Ave. S., Nampa, ID 83651. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. CHC will not retaliate against you for exercising your right to file a complaint.