



# The P.A.T. Center

PEOPLE ADVOCATING TRANSITION

620 South Laurel; Pine Bluff, AR 71601 (870) 534-4900 Telephone (870) 534-4906 Fax

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## NOTICE OF PRIVACY PRACTICES

### **As required by the regulations created as a result of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)***

#### **People Advocating Transition (The P.A.T. Center)**

This notice describes how health information about you as a client of The P.A.T. Center may be used and disclosed, and how you can get access to your Individually Identifiable Health Information.

#### **Please Review This Notice Carefully**

##### **A. Our Commitment To Your Privacy**

We realize that these laws are complicated, but we must provide you with the following important information:

Our practice is dedicated to maintaining the privacy of your Individually Identifiable Health Information (IIHI). In providing services, we will create records regarding you and the treatment services we provide to you. We are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time:

1. To public health authorities and health oversight agencies that are authorized by law to collect information
2. Lawsuits and similar proceedings in response to a court of administrative order
3. If required to do so by law enforcement officials
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of other individuals or the public, we will only make disclosures to a person or organization able to help prevent the threat.
5. To federal officials for intelligence and national security activities as authorized by law
6. To correctional institutions or law enforcement officials if you are an inmate under the custody of a law enforcement official
7. For worker's compensation and similar programs

The terms of this notice apply to all records containing your IIHI that are created or retained by our clinic. We reserve the right to revise or amend this Notice of Privacy Practices. Any revisions or amendments to this notice will be effective for all of your records that our practice has created or maintained in the past and for any of your records that we might create or maintain in the future. Our practice will post a copy of our current notice in our clinic sites in a visible location at all times, and you may request a copy of our most current notice at any time.

##### **B. For Questions Regarding This Notice**

Please contact our Privacy Officer: Karmen Faucette; 620 South Laurel; Pine Bluff, AR 71601, (Phone) 870-534-4900.



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## C. Your Rights Regarding Your IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. **Confidential Communications** – You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. In order to request a type of confidential communication, you must make a written request to The P.A.T. Center specifying the requested method of contact or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions** – You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment, or mental healthcare options. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to The P.A.T. Center. Your request must describe in a clear and concise manner all of the following:
  - a. the information you wish restricted
  - b. whether you are requesting to limit our practice’s use, disclosure, or both
  - c. to whom you want the limits to apply
3. **Inspection and Copies** – You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including medical and billing records, but excluding psychotherapy notes. You must submit your request in writing to The P.A.T. Center in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the cost of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of the denial. Another licensed healthcare professional chosen by us will conduct reviews.
4. **Amendment** – You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment from us as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to The P.A.T. Center. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if you ask us to amend information that is, in our opinion, (a) accurate and complete, (b) not part of the IIHI kept by or for the practice, (c) not part of the IIHI which you would be permitted to inspect and copy, or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures** – All of our clients have the right to request an Accounting of Disclosures. An Accounting of Disclosures is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment or mental health options. Use of your IIHI as part of the routine client care in our practice is not required to be documented. For example, the physician shares information with the nurse or the billing department using your information to file your insurance claim. In order to obtain an Accounting of Disclosures, you must submit your request in writing to The P.A.T. Center. All requests for an Accounting of Disclosures must state a time period, which may not be longer than 6 years from the date of disclosure and may not include dates before April 14, 2003. You are entitled to one free list within a 12 month period, but you may be charged for Additional lists requested within that 12 month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.



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**6. Right to File a Complaint** – If you believe your privacy has been violated, you may file a complaint with our practice or with the Department of Health and Human Services. To file a complaint with our organization, contact our Privacy Officer, Karmen Faucette: 620 South Laurel; Pine Bluff, AR 71601, (Phone) 870-534-4900. We urge you to file your complaint with us first and give us the opportunity to address your concerns. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If your complaint has not been resolved to your satisfaction, you may report it to our accrediting agency, Commission on Accredited for Rehabilitation Facilities (CARF) at 888-281-6531 or by visiting their website at [www.carf.org](http://www.carf.org)

## D. Changes to Notice of Privacy Practices

Changes were made to the information that is now required in the CE's Notice of Privacy Practices (Privacy Notice). CEs will need to update their Privacy Notices as required by the law. The updated Privacy Notice need not be given to existing patients who have already received a Privacy Notice. However, a copy of the updated Privacy Notice must be posted in the practitioner's office and all new patients must be given a copy.

Updated Privacy Notices must include the following statements, among others:

- Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information (PHI) for marketing purposes, and disclosures that constitute a sale of PHI require patient authorization;
- Other uses and disclosures not described in the Privacy Notices will be made only with authorization from the individual;
- Patients have the right to restrict certain disclosures of PHI to health plans/insurance companies if the patient pays out of pocket in full for the health care service; and
- Affected patients have the right to be notified following a breach of unsecured protected health information.

## E. Modifications to the Breach Notification Rule

In the Final Rule, HHS clarifies that an "impermissible use or disclosure" of PHI is presumed to be a breach unless the CE or business associate demonstrates that there is a "low probability that the protected health information has been compromised." Breach notification is not necessary under the Final Rule if a CE or business associate demonstrates through a documented risk assessment that there is a low probability that the PHI has been compromised.

CE's and business associates must assess the probability that the PHI has been compromised based on a risk assessment that would be performed routinely following any security breaches. The risk assessment considers the following factors:

1. Nature and extent of PHI involved;
2. To whom the PHI may have been disclosed;
3. Whether that PHI was actually acquired or viewed; and
4. The extent to which the risk to the PHI has been mitigated (for example, assurances from recipient that information has been destroyed or will not be further used or disclosed).

Providers are required to give notification of a breach unless the information was secure. If the risk assessment fails to demonstrate that there is a low probability that the PHI has been compromised, breach notification is required. This risk assessment should be documented in your records for all potential breaches.

Providers will need to update their incident response and breach notification processes to reflect the change from a "risk of harm" standard to a "presumption of breach" standard and to include the four factor assessment. It is important to note that HHS includes not just unauthorized access to PHI, but also impermissible uses by knowledgeable insiders in its definition of breach requiring an assessment.

## F. Release of HIPAA Final Rule (January 25, 2013)



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The Department of Health and Human Services (HHS) released the Health Insurance Portability and Accountability Act (HIPAA) Final Rule on Jan. 25, 2013. The Rule goes into effect March 26, 2013 and covered entities (CE) and business associates must comply with the requirements of the Final Rule by Sept. 23, 2013. The Final Rule enhances patient privacy protections, provides individuals with new rights to their health information and strengthens the government's enforcement of and penalties under the law.

The APA Practice Organization (APAPO) will be making detailed guidance available for practitioners well in advance of the September 2013 compliance deadline. The following is a brief overview of some of the changes that will be coming. The last section provides more information on next steps.

For more information about the Privacy Rule and frequently used terms, please refer to the [Privacy Rule Primer](#) (PDF, 447KB) available on APAPO's Practice Central website.

## **G. Business Associates**

The Final Rule requires that business associates and their subcontractors comply with the HIPAA rules in the same manner as covered entities. Any entity that "creates, receives or transmits" PHI on behalf of a covered entity may now be held directly liable for impermissible uses/disclosures. Business associates and subcontractors must conduct risk assessments under the HIPAA Security Rule.

Although business associates are now directly regulated under HIPAA, covered entities are still responsible for their business associates' actions. Therefore, CEs must ensure that they obtain satisfactory assurances of HIPAA compliance through their business associate contracts and business associates must do the same for their subcontractors.