

Confidentiality of Substance Abuse Records

For people who receive treatment or services from a drug or alcohol abuse program, federal law and its regulations protect the confidentiality of related records.

Complaints

If you believe your privacy rights have been violated, you may file a complaint by writing the Secretary of the United States Department of Health & Human Services.

Changes to this Notice

We reserve the right to change the terms of our Privacy Notice.

THIS PRIVACY NOTICE IS IN EFFECT FOR THE INDIVIDUAL CLINICIANS PRACTICING INDEPENDANTLY AT WORCESTER PROVIDENCE COUNSELING SERVICES

**Worcester Providence Counseling Services
176 Worcester Providence Turnpike
Suite 203
Sutton, Massachusetts 01590
508-581-8797**

Privacy Notice Regarding Private Health Information (HIPAA)

This Notice Describes How Medical Information About You May Be Used & Disclosed And How You Can Gain Access To This Information.

Please Read and Review This Notice Carefully.

<p>If you have any questions about this material, please call the offices of Worcester Providence Counseling Services @ 508-581-8797.</p> <p><u>Introduction</u> We are required by law to maintain the privacy of your health information and to provide you with this notice of Worcester Providence Counseling Service’s legal duties and privacy practices with respect to your health information.</p> <p>If you have a legal guardian, we will also provide them with this information, including their right to act on your behalf in these matters.</p> <p><u>Uses and Disclosures of Your Health Information, With Your Permission.</u> Uses and disclosures not discussed in this section will generally be made with your permission, which you will give us by signing authorization. (i.e. written consent) You may revoke authorization at any time.</p> <p><u>How We Will Use & Disclose Protected Health Information</u> A. Uses and disclosures that may be made without your written authorization are as follows:</p>	<ul style="list-style-type: none"> ❖ For payment purposes (i.e. to provide your insurance company or other payor with required information to obtain payment for the services we provide for you). ❖ For health care operations (i.e. for monitoring of the quality of services provided). ❖ In emergency situations. ❖ When we are required by law to provide the information. ❖ To avert a serious health and safety risk. ❖ To fulfill public health requirements. ❖ If you are an inmate of a correctional institution or under the custody of a law enforcement official we may disclose health information to the correctional institution of the law enforcement official. <p>B. Uses and disclosures that may be made without your authorization, but you have the opportunity of object:</p> <ul style="list-style-type: none"> ❖ Information is shared with others involved in your care/treatment (i.e. family caretakers) 	<ul style="list-style-type: none"> ❖ As use in “Testimonials” and marketing, <i>Worcester Providence Counseling Services</i> may disclose basic Non-Health related & Non-Specific information pertaining to experiences while under our care. This consists but is not limited to quotes about service and care. <p><u>Your Rights Regarding Protected Health Information (PHI)</u></p> <p>You have the right to:</p> <ul style="list-style-type: none"> ❖ Inspect and obtain a copy of your PHI. (Cost for record reproduction may accompany this request). ❖ An accounting of disclosures— A list of disclosures we have made of your PHI. ❖ Request restrictions on information we will share. ❖ Have confidential communication (i.e. Refrain from leaving the name of our organization when leaving a voice mail at your home or office). ❖ Rescind your authorization to release your PHI at any time.
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