

## **Julianna Poor Memorial Counseling Center (JPMCC)**

### **POLICY ON FEDERAL REQUIREMENTS REGARDING CONFIDENTIALITY OF CLIENT RECORDS AND DISSEMINATION OF INFORMATION**

Given the nature of our work, it is imperative that we maintain the confidence of client information that we receive in the course of treatment. JPMCC is a Christian mental health counseling center that treats individuals, couples, and families by providing individual, pre-marital, marital, family, and group counseling. The practice works solely to provide the best counseling treatment options to its clients. JPMCC prohibits the release of any client information to anyone outside immediate staff, employees, and interns except in limited circumstances which are described below. Discussions or a disclosure of protected health information (PHI) within the organization is limited to the minimum necessary that is needed for the recipient of the information to perform their duties. The policy of JPMCC is as follows:

- 1. Fully comply with the requirements of the HIPAA General Administrative Requirements and Privacy & Security Rules**
- 2. Provide every client who receives services with a copy of JPMCC Notice of Privacy Practices**
- 3. Ask the client to acknowledge receipt when given a copy of JPMCC Notice of Privacy Practices**
- 4. Ensure the confidentiality of all client records transmitted by facsimile**
- 5. Provide each client with the individual therapist's Client Agreement and Authorization for use or disclosure of PHI**

In addition to complying with 12-43-218 CRS, JPMCC is required to follow all state statutes and regulations including Federal Regulation 42,C.F.R., Part 2 and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS, and the Health Insurance Portability and Accountability Act (HIPAA) 45 C.F.R. Parts 142, 160, 162, and 164, governing testing for and reporting of TB, HIV AIDS, Hepatitis, and other infectious diseases, (and maintain the confidentiality of PHI ).

PHI refers to any information that is created or received by JPMCC, and relates to an individual's past, present or future physical or mental health conditions as well as related care services or the past, present, or future payment for the provision of health care to an individual. PHI includes any such information described below that JPMCC transmits or maintains. It includes any information that fulfills the following:

- 1. That identifies the individual; or**
- 2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual**

### **Uses and Disclosures of Protected Health Information**

A "use" of PHI occurs within a covered entity (i.e., discussions among staff regarding treatment). A "disclosure " of PHI occurs when JPMCC reveals PHI to an outside party (i.e., JPMCC provides another treatment provider with PHI, or shares PHI with a third party pursuant to a client's valid written authorization).

JPMCC may use and disclose PHI, without an individual's written authorization, for the following purposes:

- 1. Treatment (including but limited to the provision and coordination of care)**
- 2. Payment ( including but not limited to billing and claims management, )**

**3. Health Care Operations ( including but not limited to general administrative activities of JPMCC, resolution of internal grievances, or customer service)**

Uses and disclosures for payment and health care operation purposes are subject to the minimum necessary requirement. This means that JPMCC may only use or disclose the minimum amount of PHI necessary for the purpose of the use of disclosure (i.e., billing purposes, JPMCC would not need to disclose a client's entire medical record in order to receive reimbursement. JPMCC would likely only need to include a service code, etc.) Uses and disclosures for treatment purposes are not subject to the minimum necessary requirement.

Federal law and regulations protect the confidentiality of client records maintained by JPMCC. It is JPMCC policy that a client must complete an Authorization for use of disclosure of PHI (see Attachment 1), provided by JPMCC, prior to disclosing health information for any purpose except for treatment, payment, or health care operations.

Absent the above referenced form, other than for treatment, payment, or health care operations purposes, JPMCC staff is prohibited from disclosing or using any PHI outside of or within the organization, including disclosing that the client is in treatment; however, **JPMCC is permitted and/or required to report or disclose PHI if and when any of the following occur with any JPMCC:**

- 1. Client consents in writing**
- 2. Disclosure by a court order**
- 3. Disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation**
- 4. Client commits or threatens to commit a crime either at the program or against any person who works for the program**
- 5. Minor or elderly client reports having been abused**
- 6. Client is planning to harm another person, including but not limited to the harm of a child**
- 7. Client reports suicidal ideations or self-harm**
- 8. Client reports sexual contact with counselor/therapist/minister**

The above exceptions are subject to several requirements under the Privacy Rule, including the minimum necessary requirements (you may only use and disclose the minimum amount of PHI necessary for the intended purpose of the use and/or disclosure). See 45 C.F.R. # 164.512. Before using or disclosing PHI for one of the above exceptions, consult JPMCC Officer (Esther Barber) to ensure compliance with the Privacy Rule. Violation of these federal and state guidelines is a crime carrying both criminal and monetary penalties. Suspected violations may be reported to appropriate authorities in accordance with federal and state regulations.

As a covered entity under the PHI and Security Rules, JPMCC is required to reasonably safeguard PHI from impermissible uses and disclosures. Seek legal counsel if you are uncertain of any situation and/or incident. Safeguard may include, but are not limited to the following:

- 1. Therapy records will not be left unattended where third parties have access to them**
- 2. Any client or potential client PHI in JPMCC possession will be protected by JPMCC employees**
- 3. When speaking with a client about his or her PHI where third parties could possibly overhear, counselor will move the conversation to a private area**

**JPMCC on Federal Requirements Regarding Confidentiality of Client Records and Dissemination of Information (HIPAA)**

**Attachment 1: Authorization to Release Mental Health Information**

**Authorization to Release Mental Health Information**

RELEASED FROM: \_\_\_\_\_ RELEASED TO: \_\_\_\_\_

CLIENT NAME(s): \_\_\_\_\_

DATE(s) OF BIRTH: \_\_\_\_\_

**INFORMATION REQUESTED:** I request and authorize the above-named person or class of persons to release information specified below. I understand that the information to be released includes information regarding the following condition(s): \_\_\_\_\_

**PURPOSE(S) OR NEED FOR WHICH INFORMATION IS TO BE DISCLOSED:** \_\_\_\_\_

The information sought in this request is the minimum necessary to accomplish the intended purpose of the request. @45 C.F.R. 164.502(b)(2)(v). (See 65 FED. Reg. 82530A A covered entity is not required to second guess the scope or purpose of this request)

I understand that the information to be disclosed may include any or all information involving psychological or psychiatric conditions, drug or alcohol abuse and/or alcoholism. I consent for the above information to be released TO/FROM (circle one) \_\_\_\_\_ for the above purposes.

Authorization: I certify that this request is made voluntarily and that the information given above is accurate to the best of my knowledge, I hereby acknowledge I have received and understand the information provided in JPMCC "Policy on Federal Requirements Regarding Confidentiality of Client Records and Dissemination of Information." I understand that I may revoke this authorization at any time in writing by sending a letter to the facility Privacy Officer (Esther Barber). I understand that revocation of this action does not affect any previously disseminated information. I have authorized the disclosure of my mental health information to someone who is not legally required to keep it private, it may be re-disclosed and may no longer be protected by the Standards for Privacy of Individually identifiable Health Information, set forth at 45 CFR Parts 160 and 164. I understand that I may inspect or obtain a copy of the information to be disclosed. I understand a fee will be charged for copies of my mental health record. I understand the facility will provide me a copy of the signed authorization form upon my request. If I have questions about disclosure of my mental health information, I will contact the facility Privacy Officer (Esther Barber). I understand that treatment may not be denied if I refuse to sign this authorization, except: 1) If the authorization is the very reason for seeking the health care (e.g., a pre-employment physical), that health care may be denied; or 2) if the authorization is for disclosure to a research study, I may be denied the treatment that is part of the study. In addition, the following consequences might occur if I refuse to sign the authorization. 1) If the authorization is to demonstrate to a health plan that service should be paid for, the health plan may refuse to pay for it, and 2) If the authorizing is sought by an insurer because I am seeking enrollment or eligibility, the insurer may deny me the coverage I am seeking. I understand that a health plan may not refuse payment or benefits if I refuse to authorize disclosure of certain psychotherapy notes. I also understand JPMCC, maintains no contract, nor does it enter into any relationship with any health insurers.

\_\_\_\_\_  
CLIENT (OR PARENT/GUARDIAN) SIGNATURE      DATE      CLIENT (OR PARENT/GUARDIAN) SIGNATURE      DATE

\*Please indicate your relationship to the client if you are signing the forms for a minor child or minor children in your care.

A copy or facsimile of this authorization will be as valid as the original. This authorization will expire in one (1) year from the date of signing.

**Julianna Poor Memorial Counseling Center 7401 Katy Fwy. Ste 600 Houston, TX 77024**