

Cynthia Scarborough, LCSW
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Oak Ridge, TN 37830
(865) 766-6812

PLEASE READ

THE FOLLOWING

POLICIES AND PROCEDURES

CAREFULLY AND COMPLETELY.

IF YOU HAVE ANY QUESTIONS,

PLEASE ASK YOUR THERAPIST.

PLEASE RETURN TO
CYNTHIA SCARBOROUGH, LCSW

THANK YOU!

PRACTICE REQUIREMENTS

The Practice:

- (a) Is required to abide by the terms of this Privacy Notice.
- (b) Is required by federal law to maintain the privacy of your PHI (Protected Health Information) and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.
- (c) Is required by State law to maintain a higher level of confidentiality with respect to certain portions of your medical information than is provided for under federal law.
- (d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.
- (e) Will distribute any revised Privacy Notice to you prior to implementation.
- (f) Will not retaliate against you for filing a complaint.

Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

Please discuss any questions you may have about this notice with your therapist. .

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or mental health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. “Protected health information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to revise or amend this Notice of Privacy Practices. The new notice will be effective for all protected health information that we maintain at the time. Upon your request, we will provide you with any revised Notice of Privacy Practices. Please call this office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

Uses and disclosures of Protected Health Information Based Upon Your Written Consent

The following are examples of the types of uses and disclosures of your protected health care information that this office is permitted to make once you have signed the consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. For example, we would disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information or if an emergency arises. Additionally, we may disclose your protected health information to other physicians and/or health care providers to aid in your treatment.

Payment: Your Protected Health Information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your Protected Health Information for quality assessment activities, record review activities, and licensing.

Appointment: We may call you by name in the waiting room when your therapist is ready to see you.

Business Associates: We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Health Related Benefits and Services: We may use your protected health information to inform you of health-related benefits or services that may be of interest to you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object.

We may use or disclose your Protected Health Information in the following situations without your consent or authorization:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Abuse or Neglect: We may disclose your protected health information to a public health authority or law enforcement agency that is authorized by law to receive reports of child abuse or neglect. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your Protected Health Information to a person or company required by the Food and Drug Administration to report adverse events, as pertains to medications you may be taking.

Legal Proceedings: We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena.

Criminal Activity: We may disclose your Protected Health Information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual. These actions will be taken in a manner that is consistent with applicable State and Federal laws.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your Protected Health Information to authorized Federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

2. Your rights:

Right To An Accounting of Disclosures: You have the right to request a list of certain disclosures we have made of information about you.

To request this list or accounting of disclosures, you must submit your request in writing to this office.

- Your request must state a time-period that may not be longer than six years and may not include dates before April 14, 2003.
- Copies will be available at \$1.00 per page.

The following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

You have the right to inspect and obtain a copy of your Protected Health

Information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains the diagnosis(es), dates of service, and billing records. Copies will be charged at \$1.00 per page. We may deny your request in certain limited circumstances.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and Protected Health Information that is subject to law that prohibits access to Protected Health Information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact your therapist if you have questions about access to your Protected Health Information record.

You have the right to request restrictions on certain uses and disclosures of your protected health information.

You may request a restriction of disclosure, in writing. However, this office is not required to agree to a restriction that you request. For example, we cannot agree to limit the uses or disclosure of information that we are required, by law, to disclose.

You have the right to request that Cynthia Scarborough, LCSW amend your health information that you feel may be incorrect or incomplete.

To request an amendment, submit a written request to this office, along with the reason for the request. Cynthia Scarborough, LCSW is not required to amend health information that is accurate and complete.

You have the right to request communications of your Protected Health

Information by alternative means or at alternative locations. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box. If you are a minor, and lawful consent for treatment has been provided, and you wish for Cynthia Scarborough, LCSW to treat you as an adult for purposes of access to and disclosure of records, related to such treatment, please notify this office.

LIMITS OF CONFIDENTIALITY

The contents of a counseling, intake or assessment session are considered confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of this agency not to release any information about a client without a signed release of information.

However, the following exceptions are noted:

1. **Duty to warn and protect:** When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the mental health professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
2. **Abuse of children and vulnerable adults:** When a client states or suggests that he/she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse or abuse was witnessed by a client, the mental health professional is required to report this information to the appropriate social service agency and/or legal authorities.
3. **Prenatal exposure to controlled substances:** Mental health professionals are required to make a report to the appropriate social service agency when they have received information regarding admitted prenatal exposure to controlled substances that are potentially harmful.
4. **In the event of a client's death:** In the event of a client's death, the spouse, parents or legal guardian of a deceased client may have a right to access their spouse's, or child's, record.
5. **Professional misconduct:** Professional misconduct by a mental health professional must be reported by other mental health professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the mental health professional's actions, related records may be released in order to substantiate disciplinary concerns.
6. **Court orders/judge's orders:** Mental health professionals are required to release a client's records when a court order has been placed or when a judge orders a mental health professional to release information.
7. **Minors/guardianship:** Parents or legal guardians of non-emancipated and non-military minor clients have the right to access that client's records under limited means.
8. **Debt collection:** When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g. diagnosis, treatment plan, case notes, testing, etc.) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, time-frame and the name of the agency.
9. **Insurance companies:** Insurance companies and other third party payers are given information that they request regarding services to clients. Information which may be requested includes, but is not limited to, type of service, dates/times of service,

diagnosis, treatment plan, testing, description of impairment, progress of therapy, case notes and summaries. This office is not able to ensure that Third Parties, such as insurance companies, will maintain confidentiality after information has been provided to them.

10. **Consultations/supervision:** Information about clients may be disclosed in consultations, or in supervision, with other professionals in order to provide the best possible treatment. Only clinical information about the client is discussed.
11. **Dictation:** In some cases, notes and reports are dictated or typed within the agency or by outside sources specializing in such procedures. These agencies and sources are held accountable for confidentiality.
12. **Multiple clients in one session:** When couples, families or groups are receiving services, separate files are kept for individuals for information disclosed that is of a confidential nature. This information includes, but is not limited to, testing results, information given to the mental health professional not in the presence of other person(s) utilizing services, information received from other sources about the client, diagnosis(es), treatment plan, individual reports/summaries and information that has been requested to be kept separate. The material disclosed in conjoint, group, family or couples sessions, in which each party discloses such information in each other's presence, is kept in each file in the form of psychotherapy notes.
13. **Involuntary commitment:** Necessary confidential information may be released in an attempt to obtain an involuntary commitment for a client.
14. **Litigation:** Confidential information may be released in the event of a malpractice suit or complaint to a licensing board.
15. **Department of Social Services:** Mental health professionals are required to release confidential information to the Department of Social Services upon receiving a formal written request for such information.
16. **Law enforcement:** Mental health professionals are required to release confidential information to law enforcement personnel upon receiving a search warrant.
17. **Outside of sessions:** Information received during a session, and related to the identified patient, is considered confidential as long as it is within the above limitations. However, information received outside of a session, and/or unrelated to the patient, is not considered confidential.

Patients Rights and Responsibilities

The following is a list of your Rights and Responsibilities as a patient. We strive to ensure that your rights are met and that you are aware of your responsibilities. If you have any questions regarding this information, please discuss them with your therapist.

As a patient, you have the right to:

- ◇ Mental health care regardless of race, sex, color, national origin or disability.
- ◇ Considerate and respectful care.
- ◇ A reasonable response to your request and needs for service.
- ◇ Information regarding your diagnosis(es), treatment and known prognosis.
- ◇ Participate in decisions involving your treatment.
- ◇ Know the identity and professional status of individuals providing services to you.
- ◇ Receive information regarding your proposed treatment in order to give informed consent.
- ◇ Reasonable privacy and information confidentiality, within the law.
- ◇ Refuse treatment and be informed of the consequences of such action.
- ◇ Expect and receive reasonable continuity of care.
- ◇ Appoint a responsible person to act on your behalf if the need arises.
- ◇ Receive an itemized bill for all services.
- ◇ Report any comments regarding quality of service and receive prompt attention.

As a patient, you are responsible for:

- ◇ Following the treatment plan designed by you and your therapist and bringing to the attention of your therapist any reason for inability to follow the treatment plan.
- ◇ Indicating whether or not you clearly understand the proposed treatment plan and what is expected of you.
- ◇ Your actions if you refuse treatment, decide not to follow the recommended treatment plan or decide not to follow recommendations made by the therapist.
- ◇ Following the rules and regulations of the facility and being considerate of other patient's rights.
- ◇ Assuring that the financial obligations of your treatment are fulfilled on time.
- ◇ Providing, to the best of your knowledge, accurate and complete information about your present mental health status and past mental health history.

Missed Appointments

Twenty-four hours notice is required for change or cancellation of your appointment and failure to do this may result in a “broken appointment fee” of \$25.00. Broken appointment fees must be paid prior to rescheduling and are not billable to Insurance carriers. After two (2) missed appointments, I reserve the right to refer you to another therapist and/or clinic.

Emergency Policy

All emergencies will be treated within 24 hours or less. If necessary, we may refer you to another clinic and/or utilize your local hospital’s emergency room and on-call psychiatrist. I check my voice mail frequently on days of operation and less frequently on days when I am not in the office. If your call is urgent or an emergency, please follow the instructions and activate the emergency message on my voice mail system. If an emergency occurs and I am not immediately available, please proceed to the nearest emergency room or call 911 so that you can receive immediate assistance.

Phone Calls to Therapists

It is unethical and against our privacy policy to discuss your case or situation over the phone or via the internet. If a situation arises that requires you to speak with your therapist, I will gladly schedule the next available appointment time for you.

Acknowledgement of Receipt of Cynthia Scarborough, LCSW,
Office Policies Package

_____ I have read a copy of the Office Policies Package (including Practice
(client/guardian initials) Requirements, Notice of Privacy Practices, Limits of Confidentiality,
Patient Rights and Responsibilities, Office and Financial Policies)
and I understand with no further questions. I understand that I may
ask questions of Cynthia Scarborough, LCSW, regarding these
policies, my therapist's qualifications, education and experience as it
relates to our professional relationship at any time.

Client/Guardian Name: _____ Date: _____

Client/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

Client Name: _____ **DOB:** _____ **Chart #:** _____