

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice went into effect on April 14, 2003. It was updated on May 31, 2013.

If you have any questions about this Notice of Privacy Practices, please contact the Privacy Officer at (718) 830-0246 or refer to the contact information on the last page of this Notice.

WHO WILL FOLLOW THIS NOTICE

We may use your medical information for treatment, payment, Center operations, or research purposes as described in this Notice. All of the employees, staff (including physicians on our medical staff), and other personnel of Comprehensive Counseling follow these privacy practices. In this Notice, we will refer to Comprehensive Counseling as the "Center."

ABOUT THIS NOTICE

This notice will tell you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your medical information; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories.

For Treatment - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, psychologists, social workers, therapists or other Center personnel who are involved in taking care of you. Different departments of the Center also may share medical information about you in order to coordinate the different things you need, such as prescriptions, and lab work. We also may disclose medical information about you to people outside the Center who may be involved in your medical care.

For Payment - We may use and disclose medical information about you, so that we may bill for treatment and services you receive at the Center and can collect payment from you, an insurance company, or another party. For example, we may need to give information about therapy you received at the Center to your health plan so that the plan will pay us or reimburse you for the therapy. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to other healthcare facilities for purposes of payment as permitted by law. You may restrict disclosures by us of medical information to your health plan regarding services you paid for yourself in full.

Appointment Reminders - We may use and disclose medical information to contact you to remind you that you have an appointment for treatment.

Treatment Alternatives - We may use and disclose medical information to tell you about possible treatment options that may be of interest to you.

For Health Care Operations - We may use and disclose medical information about you for operations of the Center. These uses and disclosures are necessary to run the Center and make sure that all of our patients receive quality care. For example, we may use medical

information to evaluate the performance of our staff caring for you. We may also combine medical information about many patients to decide what additional services the Center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, psychologists, social workers, therapists and other Center personnel for educational purposes. We may also combine medical information we have with medical information from other Centers, or hospitals to compare our performance and to make improvements in the care and services we offer. We may also disclose information about you to other healthcare facilities as permitted by law.

Health-Related Benefits and Services - We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care - We may release medical information about you to a friend or family member who is involved in your medical care as a surrogate decision maker for your care. We may also give information to someone who helps pay for your care. We may release your health information to an agency authorized by law to assist in disaster relief efforts.

Research - Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information to balance research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will be approved through this process. However, we may disclose medical information about you to people preparing to conduct a research project, for example to help them look for patients with specific medical conditions, so long as the medical information they review does not leave the Center. When required by law, we will ask for your written authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the Center.

As Required By Law - We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

New York State Law - Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information, sexually transmitted disease treatment and genetic information. Some parts of this Notice of Privacy Practices may not apply to these types of information. These stricter laws have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

Military and Veterans - If you are a member of the armed forces of the United States or another country, we may release medical information about you as required by military command authorities.

Worker's Compensation - We may release medical information about you for worker's compensation or similar programs.

Health Oversight Activities - We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Public Health Risks - We may disclose to authorized public health or government officials medical information about you for public health activities such as the following:

- for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service;
- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with food or other products;
- to notify people of recalls or replacements of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other legal demand by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement - We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime, if under certain circumstances we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime;
- to authorized federal officials so they may provide protection for the President and other authorized persons or conduct special investigations;
- to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Coroners, Medical Examiners and Funeral Directors - We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors so they can carry out their duties.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy - You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. This right does not include psychotherapy notes, information compiled for use in a legal proceeding, or certain information maintained by laboratories.

In order to inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Center's Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances, but you may request that the denial be reviewed. A licensed healthcare professional will conduct the review. The reviewer will not be the person who denied your original request. We will comply with the outcome of the review.

Right to Amend - If you think that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Center. Your request must be made in writing and submitted to the Center's Medical Records Department. You must give a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by the Center;
- is not part of the information that you would be permitted to inspect and copy; or
- is accurate and complete.

We will provide you with written notice of action we take in response to your request for amendment.

Right to an Accounting of Disclosures - You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you. We are not required to account for any disclosures you specifically requested or for disclosures related to treatment, payment, healthcare operations, or made pursuant to an authorization signed by you.

To request an accounting of disclosures, you must submit your request in writing to Medical Records department. Your request must state a time period, which may not be longer than six years. We will attempt to honor your request. If you request more than one accounting in any 12-month period, we may charge you for our reasonable retrieval, list preparation, and mailing costs for the second and subsequent requests. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to be Notified of Breach of Your Information – You have the right to be notified by the Center following any breach of your medical information.

Right to Request Restrictions -You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request, except that you may request us to withhold medical information from your health plan if the information relates to services you paid for yourself in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Medical Records Department. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will attempt to accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice at your first treatment encounter at the Center. You may get an additional copy of this Notice at any time by contacting James Hickey.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for medical information about you we already have as well as any information we receive in the future. We will post a copy of the current Notice in the Center. The Notice will contain on the first page the effective date. In addition, each time you register at or are

admitted to the Center for treatment or health care services as an inpatient or outpatient, we will make available copies of the current Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Center or with the Office of Civil Rights of the U.S. Department of Health and Human Services. To file a complaint with us here, please call or write to Patient Relations or to the Privacy Officer listed on the last page of this Notice. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization, on a Center authorization form. Specifically, uses and disclosures of your medical information for marketing purposes or involving a sale of your information will be made only with your written authorization. Likewise, most uses of psychotherapy notes require authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization. You also understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

For more information and answers to questions, please contact:

Privacy Officer
Comprehensive Counseling LCSW's
PLLC
98-120 Queens Blvd.
Rego Park, NY 11374

OFFICE OF CIVIL RIGHTS

U.S. Dept. of Health & Human Services
Region II
Jacob Javitz Federal Building
26 Federal Plaza – Suite 3312
New York, NY 10278

Medical Records (718) 830-0246
Privacy Officer (718) 830-0246

(800) 368-1019

CLIENT RIGHTS & RESPONSIBILITIES

Clients Have the Right To:

- Be treated with dignity and respect.
- Be treated fairly, regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- Express and practice religious and spiritual beliefs.
- Have their treatment and other member information kept confidential. Only where permitted by law may records be released without the member's permission.
- To request and receive copies of their records and to request that the record be amended or corrected.
- Easily access care in a timely fashion.
- Obtain a second opinion when appropriate.
- Request an in-house review of their care, treatment, and service plan.
- A clear working contract in which business items, such as times of sessions, payment plans/fees, absences, access, emergency procedures, and third-party reimbursement procedures are discussed.
- Consistent enforcement of program rules and expectations.
- Know about their treatment choices, regardless of cost or coverage by their benefit plan.
- Share in developing their plan of care.
- Receive information in a language they can understand.
- Receive assistance in oral or written communication while receiving services.
- Receive a clear explanation of their condition and treatment options.

- Receive information about the provider's programs, services and role in the treatment process.
- Receive information about clinical guidelines used in providing and managing their care.
- Give input on the Members' Rights and Responsibilities policy.
- Know about advocacy and community groups and prevention services.
- To file a grievance without interference or retaliation, including one level of review that does not involve the person about whom the complaint was made.
- To be informed and given the opportunity to complete a written consent prior to being recorded, photographed, or filed, as applicable.
- To be free from restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Know of their rights and responsibilities in the treatment process.
- Request certain preferences in a provider.
- Have provider decisions about their care made on the basis of treatment needs.
- Receive information about provider's staff qualifications.
- Ask their provider about their work history and training.
- Decline participation or withdraw from programs and services, unless mandated by a court order.
- Know which staff members are responsible for managing their services and from whom to request a change in services.

Clients Have the Responsibility To:

- Treat those giving them care with dignity and respect.
- Give providers information that they need so providers can deliver quality care.
- Ask questions about their care – this is to help them understand their care.
- Follow the treatment plan. The plan of care is to be agreed upon by the member and provider.
- Tell their provider and primary care physician about medication changes, including medications given to them by others.
- Keep their appointments. Members should call their provider(s) as soon they know they need to cancel visits.
- Let their provider know when the treatment plan is not working for them.
- Let their provider know about problems with paying fees.
- Report abuse and fraud.
- Openly report concerns about the quality of care they receive.
- Let their provider know if they decide to withdraw from the program.
- Make agreed upon payments in a timely manner, if applicable

**IMPORTANT INFORMATION FROM COMPREHENSIVE COUNSELING
LCSW'S PLLC**

Emergency Procedure

In the event the client has a medical emergency please contact 911. In the event the client has a behavioral or mental health emergency please contact 911. Comprehensive Counseling's staff is **not** available 24/7. Once 911 has been contacted, the family may choose to contact the therapist.

Other resources for emergencies:

New York City 3-1-1 phone number: 311

Child Abuse Hotline: 1-800-342-3720

Hours of Operation

Comprehensive Counseling's corporate office is open: Monday – Friday, 9:00am – 9:00pm; Saturday, 9:00am – 12:00pm. Therapy services are available seven days a week: Monday – Friday, 9:00am – 9:00pm; Saturday, 9:00am – 6:00pm; Sunday, 9:00am – 4:00pm. Hours for Therapy Services provision may vary depending on location.

Termination of Services

The following actions can result in the termination of services: failure to comply with Client Responsibilities, failure to respond to Comprehensive Counseling's attempts to contact, harassment of any nature (verbal, physical, sexual) towards Comprehensive Counseling's employees or independent contractors, abusive actions (mental/physical) towards Comprehensive Counseling's staff, no longer Medicaid eligible (if a Medicaid client), completion of services, voluntary termination.

GRIEVANCE POLICY & PROCEDURE

Enrollees, participants or their designees may file a grievance with Comprehensive Counseling LCSW's PLLC. This may be done either orally or in writing. Grievances communicated orally should be directed to the Program Director at (718) 830-0246. Written grievances can be sent to:

Comprehensive Counseling LCSW's PLLC
Attn: Program Director
98-120 Queens Blvd.
Rego Park, NY 11374

The purpose of the client grievance procedure is to allow the client the opportunity for recourse should there be dissatisfaction with the services provided or decisions made, including denial of services. Comprehensive Counseling LCSW's PLLC views the client's complaint as an opportunity to resolve differences. The following procedures are available to assist the client in resolving their complaint. The client's grievance will be considered without interference or retaliation.

1. Upon initial complaint by the client, the director will conduct a preliminary investigation within five business days of receiving the complaint.
2. If deemed necessary by the director, or at the client's request, a meeting will be held with the client, the client's direct care provider working with Comprehensive Counseling LCSW's PLLC, and the director. The purpose of this meeting will be to resolve any dispute if possible.
3. If the meeting is unsuccessful, Comprehensive Counseling LCSW's PLLC will arrange for an owner from Comprehensive Counseling LCSW's PLLC to hear and address the client's grievance.
4. Once a resolution has been made, the client will receive written notification within 30 days of the initial complaint, stating the details of the resolution.
5. If the client is not happy with a decision made by their insurance company, and is not satisfied with the responses given or decisions made, the client may contact the insurance company directly in order to discuss their concern

BEHAVIOR SUPPORT AND MANAGEMENT

The behavior and support management policies and procedures at Comprehensive Counseling LCSW's PLLC are designed to promote positive behavior and protect the safety of service recipients and staff. Comprehensive Counseling LCSW's PLLC does not endorse the use of restrictive behavior management interventions by any employee or independent contractor. Instead an effort is made to establish a culture and structure that promotes respect, healing, and positive behavior to prevent the need for restrictive behavior management interventions. This is accomplished by developing positive relationships, building on client and family strengths, reinforcing positive behaviors, and responding consistently to all incidents of harassment or violence.

Comprehensive Counseling LCSW's PLLC policies:

1. Prohibit the use of restrictive behavior management interventions. Restrictive behavior management interventions are *interventions that restrict, limit, or curtail a person's freedom of movement to prevent harm to self or others.*
2. Prohibit the use of isolation, manual or mechanical restraint, locked seclusion or chemical restraint as emergency safety measures.

3. Allow the implementation of a crisis intervention plan as the only practice that may be used as behavior and support management.

MANDATORY REPORT OF SUSPECTED ABUSE

It is our duty, as mandatory reporters, to immediately report any suspected child abuse to Child Protective Services and any suspected dependent abuse to DHS. The worker shall report suspected abuse orally to the CPS or DHS, followed by a written report within 48 hours after such oral report. The worker shall also make an oral report to an appropriate law enforcement agency if the worker believes that immediate protection of the child or adult is advisable.

Types of Abuse

1. Physical Abuse
2. Mental Injury
3. Sexual Abuse
4. Denial of Critical Care
5. Child Prostitution
6. Presence Of Illegal Drugs In The Body
7. Manufacture Or Possession Of Dangerous Substances In The Presence Of The Child
8. Bestiality In The Presence Of A Minor
9. Cohabitation With A Registered Sex Offender

Your records cannot be released to any other individual without your written consent. However, certain information may be released without your authorization under the following legal circumstance:

When Juvenile Court is involved, records may be shared with Juvenile Court Officers. Information about a child may be shared with the child's Guardian Ad Litem. Information may also be shared in the event of a legitimate subpoena for court appearance, in the event of a medical emergency, or when the receipt of information suggests that child abuse or neglect has occurred. Comprehensive Counseling LCSW's PLLC is legally obligated to report any such information to DHS under circumstances in which there exists a danger to the child or others. Auditors may also review your records to evaluate program effectiveness.