

DBA PHILLIPS MENTAL HEALTH SERVICES
5010 S. Minnesota Avenue, Suite 200 Sioux Falls, SD 57108

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 takes effect on 4/1/2009 and remains in effect until DBA PHILLIPS MENTAL HEALTH SERVICES (PMHS) replaces it. The privacy of your medical information is important to PMHS. PMHS understands that your medical information is personal and is committed to protecting it. PMHS creates a record of the care and services you receive at this organization. PMHS needs this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways PMHS may use and share medical information about you. PMHS also describes your rights and certain duties it has regarding the use and disclosure of medical information. PMHS will only release information in accordance with state and federal laws and the ethics of the counseling profession.

Uses and Disclosures with Neither Consent or Authorization

We may use or disclose PHI (Protected Health Information) without your consent or authorization in the following circumstances:

Child Abuse: If your therapist has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected, your therapist is required by law to report that information to the state's attorney, DSS, or law enforcement personnel.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we may not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance, if this is the case.

Serious Threat to Health or Safety: When your therapist judges that a disclosure of confidential information is necessary to protect against a clear and substantial risk of imminent harm being inflicted by you on yourself or another person, your therapist may disclose such information to those persons who would address such a problem (for example, the police or the potential victim).

Worker's Compensation: If you file a worker's compensation claim, we are required by law to provide your mental health information relevant to that particular injury, upon demand, to you, your employer, the insurer, and the Department of Labor.

For Payment: I understand that as a courtesy, PMHS will process my insurance if information is provided. I understand that I am financially responsible to Connie Fritz-Phillips, DBA Phillips Mental Health Services, for all charges including those not covered by my insurance, as well as penalties for failure to pre-certify. I authorize DBA Phillips Mental Health Services to process payment (copay(s)/balance(s)) on my debit/credit card on file for services and/or for any balance due that has not been paid 30 days after services are rendered. (Please refer to the financial policy). In instances of delinquent accounts, billing information will be provided to a third party for collection purposes. I understand as the client that I will be responsible for any collection fees that are charged in order to collect the debt I owe. This will only take place after a final notice has been issued by DBA Phillips Mental Health Services and no response has been received within the allowed time frame from the client. I have been informed of fees and authorize insurance or other payment directly to Connie Fritz-Phillips of PMHS. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your insurance plan. **Please check your benefits!**

Questions and Complaints

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact the owner, Connie Fritz-Phillips, DBA PHILLIPS MENTAL HEALTH SERVICES at (605)274-1944. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

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PMHS can provide you with the appropriate address upon request.

Restrictions and Changes to the Privacy Policy

PMHS reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. PMHS will post the latest revision of the notice in the office and provide a copy if requested.