

Please keep this packet for your records

~ ~ Welcome to Behavioral Health Associates ~ * ~*

Our mission is to help individuals, couples, and families with their behavioral health goals.

Thank you for choosing Behavioral Health Associates (BHA) as your provider for your mental health care.

In order to maximize our ability to accommodate your needs, we ask that you read the following documents that are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal laws. These documents will give you an understanding of our policies and procedures.

The set of documents that follow includes: BHA'S PATIENT NOTIFICATION OF PRIVACY PRACTICES and our OFFICE PROCEDURES AND FINANCIAL POLICIES. Please TAKE THESE HOME so you will have them for future reference. These include:

The Patient Notification of Privacy Practices explains instances in which your protected health information will or will not be shared with others. This Notification also contains your patient rights. Please read this document carefully.

The Office Procedures and Financial Policies includes important information regarding our office hours, emergency and non-emergency contact information, fees and payment policies, scheduling/cancellation policies, and prescription refill instructions.

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Behavioral Health Associates

*6216 Airpark Drive
Chattanooga, Tennessee 37421*

PATIENT NOTIFICATION OF PRIVACY PRACTICES

Effective: April 14, 2003

***This notice describes how your mental health records
may be used and disclosed and how you can get access
to this information.***

PLEASE READ IT CAREFULLY.

Preamble

Tennessee laws for mental health professionals in our office require that information you provide and your medical records in which we record that information remain confidential. The various professional disciplines' ethics code also require confidentiality. A federal law (the Health Insurance Portability and Accountability Act, or HIPAA) now adds an additional level of privacy protection for consumers of mental health care.

Our ethics codes and /or HIPAA require us to inform you of your rights to access your medical records, the procedures for releasing information with your permission, and exceptions to confidentiality of your records. We are also required to inform you of some of the special arrangements we make to protect your privacy.

HIPAA provides for the privacy of your "Protected Health Information" in three areas: *treatment, payment, and health care operations.*

Treatment refers to activities in which the clinician provides, coordinates, or manages your mental health care or to other services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your treatment.

Payment refers to activities in which the office obtains reimbursement for your mental health care. An example of this would be the filing of insurance on your behalf.

Health care operations are activities related to the performance of the practice, such as quality assurance. The best example of health care operations is the utilization review process, in which your insurance company reviews the records or obtains a summary of treatment to determine if treatment is "medically necessary".

Generally speaking, HIPAA requires confidentiality of Protected Health Information in all three areas, requires your permission to release information outside the office, and limits the release of information to only that portion of the record required to accomplish the intended purpose.

Uses and Disclosures Of Protected Health Information Requiring Authorization

Tennessee requires your authorization and consent for treatment, payment, and health care operations. HIPAA does nothing to change this requirement by law in Tennessee. We may disclose Protected Health Information for the purposes of treatment, payment, and health care operations ONLY with your written consent. Prior to treatment, you must sign this general consent to care and authorization to conduct payment and health care operations, authorizing this office to provide treatment and to conduct administrative steps associated with your care (for example, filing insurance, and/or obtaining pre-certification for continued care).

Additionally, this office will release your Protected Health Information to outside parties if you request that we do so. This request must be a specific, signed authorization identifying who shall receive the information and what information shall be released. A copy of that Authorization form is included in this packet. The requirement of an additional authorization form is an added protection to ensure your confidentiality. An example of this type of release of information might be a request that your doctor talk with your primary care physician about your medication.

There is a third, special authorization provision potentially relevant to the privacy of your records. In recognition of the importance of the confidentiality of conversations between clinicians and patients in treatment settings, HIPAA permits keeping "psychotherapy notes" separate from "progress notes" in your treatment record. "Psychotherapy notes" are the *clinician's* notes documenting and analyzing the contents of communication during individual, group, or family treatment sessions. "Psychotherapy notes" are more private and contain much more personal information about you, hence the need for increased security of these notes. "Psychotherapy notes" are not the same as "progress notes", which may provide the following information about your care: dates of service, medication prescriptions and monitoring, appointment time, modality of treatment, frequency of treatment, results of clinical tests, and any summary of diagnosis, functional status, symptoms, treatment plan, prognosis, and progress. The two different kinds of "notes" are treated very differently. "Progress notes," or a summary of those notes, are typically available to your insurance company as part of your release of information that allows this office to bill your insurance company or seek pre-certification for treatment (see two paragraphs above). "Psychotherapy notes" can no longer be obtained by your health insurance company nor can health insurance companies insist upon their release as a pre-condition of payment for services, as has previously been the case under Managed Care. "Psychotherapy notes" will not be released without a special authorization from you specifically designating the release.

Certain payors of care, such as Medicare, TennCare, and workers compensation, are exempt from HIPAA and DO require the release of both your "progress notes" and the clinician's "psychotherapy notes" in order for them to pay for your care. In the event that you do utilize Medicare or Workmen's Compensation to pay for your treatment, you will need to sign the additional authorization directing the release of "psychotherapy notes". For other insurers, this office will typically be able to limit reviews of your Protected Health Information to what HIPAA refers to as your "designated record set" which includes the following: all identifying paperwork you completed when you first started care in this office, all billing information, a summary of your first appointment, progress notes, your mental status examination, your treatment plan, your discharge summary, reviews of your care by Managed Care Companies, results of psychological testing, and any authorization letters or summaries of care you have authorized this office to release on your behalf. Please note that the actual test questions, or raw data, of psychological tests are protected by copyright laws and are not part of your "designated record set".

You may, in writing, revoke all authorizations to disclose Protected Health Information at any time. You cannot revoke authorization for activity already done that you instructed this office to do or if the authorization was obtained as a condition for collecting insurance payment and Tennessee law provides the insurer the right to contest the claim under the policy.

Business Associate Disclosures

HIPAA requires that this office train and monitor the conduct of individuals who perform ancillary services for the practice and refers to those individuals or companies as a "Business Associate". These Business Associates might, as a result of their job, have some measure of contact with your Protected Health Information (i.e., our secretarial staff, our answering service, our collection agency). In compliance with HIPAA, Behavioral Health Associates has legal contracts with all Business Associates that clearly spells out their legal responsibility to maintain confidentiality and the significant consequences for any failure to do so. Additionally, Business Associate's exposure to any Protected Health Information is limited to the minimum necessary for them to do their job.

No staff member nor Business Associate of Behavioral Health Associates will contact you regarding marketing or fund raising.

Uses and Disclosures Not Requiring Consent Or Authorization

By law, Protected Health Information *may* be released without your consent or authorization in the following instances:

Suspected child sexual abuse, physical abuse, or neglect.

Suspected elder abuse.

Serious threat of harm to self or others (i.e., high suicide or homicide risk, national security threats).

In response to a legally executed court order.

Patient Rights and Behavioral Health Associates' Responsibilities

You have the right to the following:

The right to request restrictions on certain uses and disclosures of your Protected Health Information. If your clinician agrees to such restrictions, such restrictions shall apply unless that agreement is changed in writing.

The right to receive confidential communications by alternative means and at alternative locations. For example, Behavioral Health Associates routinely calls patients to remind them of upcoming appointments. If you prefer not to be contacted or if you only want to be contacted at a certain telephone number, please notify staff of this preference in writing.

To right to inspect and copy your Protected Health Information in the "designated record set". "Psychotherapy notes" are specifically not a part of the "designated record set".

The right to enter an amendment to your Protected Health Information. Health care providers have the right to dispute or accept the amendment.

The right to an accounting of non-authorized disclosures of your Protected Health Information, following your written request.

The right to a paper copy of all notices or information from Behavioral Health Associates, even if you have previously received such information by electronic means. This Patient Notification of Privacy Practices is also available on our practice website (www.bhachattanooga.com), or you may request that a copy be e-mailed or faxed to you.

The right to revoke your authorization for release of the your Protected Health Information except to the extent that action has already been taken.

Complaints

Behavioral Health Associates has designated DeeAnn Burnette-Lundquist as its appointed Privacy Officer, in accordance with HIPAA regulations. If you have any concerns that any member of Behavioral Health Associates or its Business Associates may have compromised your privacy rights, please contact her or your health care provider immediately. Ms. Burnette-Lundquist may be contacted at 899-0024, extension 24. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Washington, DC 20201. .

This notice shall become effective on April 14, 2003.

Behavioral Health Associates **Office Procedures and Financial Policies**

Office Hours:

Behavioral Health Associates' office treatment hours are:

Monday and Wednesday	8 a.m. – 6 p.m.
Tuesday and Thursday	8 a.m. – 8 p.m.
Friday	8 a.m. – 4 p.m.

Individual providers work all or part of these hours. Please consult the treatment provider or staff for your provider's specific hours.

Business Office hours are 9 a.m. to 12 noon and 1 to 4 p.m. daily.

Telephone Contact Procedures (available 7 days a week/24 hours a day):

Emergencies: Call the office (423-899-0024) and follow the menu instructions. Your provider will be paged and will return your call as soon as possible. On weekends, a psychiatrist is on call for all clinical staff. If you are unable to contact BHA staff, please call 911 or go to your nearest hospital emergency room.

Non-Emergencies: Call the office (423-899-0024). You may leave a message with the office staff or follow the menu instructions to leave a voice mail message. If you know your provider's voice mail extension (on the back of your appointment card), you may bypass the menu options and enter the voice mail number at any time.

Fees and Payment Policies:

You have a right to a detailed explanation of charges and payments. Staff will discuss this with you when you start treatment and as needed thereafter. Please notify the Business Office if you have any questions or concerns.

Payment is required at the time of service. Payment can be by cash, check, or credit/debit card (Visa and MasterCard).

Some insurance carriers require that we bill them directly. In these cases, you will be responsible for your deductible and/or co-pay only. We do not bill other carriers, but we will provide you assistance in completing the required forms. You will then be reimbursed by your insurance company for their portion of your treatment cost. BHA staff can tell you which companies we are required to bill directly. Please be aware that insurance companies sometimes give incorrect information about benefits. If your insurance company later changes their information, we will notify you to correct your account.

As noted previously, failure to pay your bill will result in the account being turned over to a collection agency.

Scheduling Appointments:

Your first visit will be arranged by our staff. It may be necessary to obtain approval for your visit from your insurance company before your appointment. Later appointments can be scheduled by contacting the Business Office.

Cancellations:

We require that all cancellations be made at least 24 hours in advance. Failure to give a 24-hour notice will result in a charge that is the patient's responsibility to pay.

Prescription Refills:

For your convenience, you may leave a message on our voice mail to obtain a refill. Please leave your name; phone number; medication name, strength, and amount; and the pharmacy name and number. To keep from being without medication, please allow 72 hours for all refills. Please avoid calling for refills on weekends and holidays. There may be a charge for refills after missed appointments.