

Recovery Pathways, LLC
HIPAA Notice of Privacy Practices/Recipient Rights & Responsibilities

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.

Recovery Pathways, LLC is totally committed to maintaining client's confidentiality. We will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession.

This notice describes our policies related to the use and disclosure of your healthcare information.

Uses and disclosures of your health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

TREATMENT We may need to use or disclose health information about you to provide, manage or coordinate your care or related services which could include consultants and potential referral sources.

PAYMENT Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We may bill the person in your family who pays for your insurance.

HEALTHCARE OPERATIONS We may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

Other uses or disclosures of your information which does not require your consent. There are some instances where we may be required to use and disclose information without your consent. For example, but not limited to: 1) information you and/or your child or children report about physical or sexual abuse: then by Michigan State Law, we are obligated to report this to the Department of Children and Family Services; 2) if you provide information that informs us that you are in danger of harming yourself or others; 3) information to remind you of /or to reschedule appointments or treatment alternatives; 4) information shared with law enforcement if a crime is committed on our premises, against our staff or as required by law such as a subpoena or court order.

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CLIENT RESPONSIBILITIES

- You are responsible to make and keep appointments.
- You are responsible to provide insurance information.
- You are responsible to pay for services rendered at the time services are rendered.
- You are responsible to provide clear and accurate information about yourself and others.
- You are responsible to actively participate in your counseling and help in the formation and review of your treatment plan.
- You are responsible to cancel appointments in a timely manner.
- You are responsible to have access to a support system in the time of crisis.

CLIENT RIGHTS

- You have impartial access to services regardless of your race, religious belief, sex, national origin, age, physical challenge, accent or manner of speaking, height, weight, veteran status, sexual orientation, or relationship status.
- You will retain all rights, benefits and privileges guaranteed by the law.
- You are legally competent unless there has been a court decision of incompetence.
- Your personal dignity is recognized and respected in the provision of all care and services.
- All counseling records and information about you is confidential. Your communication will not be disclosed outside of the Recovery Pathways, LLC Treatment Team unless authorized by you in writing or the law dictates otherwise. Your file may be reviewed for quality assurance purposes.
- You will receive individualized treatment and a record which is current and complete will be kept regarding your counseling.
- Upon request or upon determination of your counselor, you will be referred elsewhere for services if this agency cannot meet your needs.
- We will do nothing to abuse or mistreat you.
- You have the right to the provision of services in the least restrictive environment possible.
- You are encouraged to discuss any actions appearing to be in violation of your rights with your counselor. If you are not satisfied, you have the right to report your grievance.
- If you think your rights have been violated, you may report your concerns to your counselor's immediate supervisor and the agency's normal grievance procedure will be followed.
- You have the right to have your rights explained in a language you can understand.
- As appropriate, you, your family, and/or your legal guardian is fully informed on the matter of your rights.
- You have the opportunity to participate in the development and review of the treatment plan.
- You are given a written statement of rights and responsibilities.