



Healing Minds Oasis

24300 Orchard Lk. Rd. Suite 3 Farmington Hills, MI 48336

Tel: (248) 537-2646 Fax: (248) 301-0550

Notice of Privacy Practices

Effective 6/1/2020

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.

Patient confidentiality is a priority for us at Healing Minds Oasis, LLC and we are bound by law to protect it. The law protects the privacy of communications between you and your provider. In most situations, Healing Minds Oasis (HMO) will only release information about your treatment to others if you sign a written Authorization Form for each release. Our release forms meet certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your agreement with this policy provides consent for those activities as follows:

- Your provider may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patients. The other professionals are also legally bound to keep the information confidential. If you do not object, your provider will not tell you about these consultations unless he/she feels that it is important to your work together. Your provider will note any consultations in your Patient Record.
- Disclosures required by health insurers are discussed elsewhere in this Agreement.
- If a patient threatens to harm himself/herself, HMO may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. There are some situations where your provider is permitted or required to disclose information without either your consent or authorization.
- If you are involved in a court proceeding and a request is made for information related to your treatment with HMO, we will not provide any information without your written authorization, unless ordered to do so by a court. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order HMO to disclose information.
- If a government agency is requesting the information for health oversight activities, HMO may be required to provide it for the agency.
- If a patient files a complaint or lawsuit against any of our providers, we may disclose relevant information regarding that patient in order to defend ourselves.
- If a patient files a worker's compensation claim, and HMO is providing treatment related to the claim, we must, upon appropriate request, furnish copies of all therapy reports and bills.
- Communications, such as mail, phone calls/texts, and electronic communications including but not limited to appointment reminders, billing notices, and office closures.

There are some situations in which your provider is legally obligated to take actions which he/she believes are necessary to attempt to protect others from harm, and HMO may have to reveal some information about a patient's treatment. These situations are very unusual in our practice.

- If we have reason to believe that a child has been abused, the law requires that we file a report with the appropriate governmental agency, usually the Department of Social Services. Once such a report is filed, we may be required to provide additional information.
- If we have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, we must report to an agency designated by the Department of Social Services. Once such a report is filed, we may be required to provide additional information.



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- If we determine that a patient presents as a serious danger of violence to another, we may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the patient. If such a situation arises, we will make every effort to fully discuss it with you before taking any action, and we will limit our disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you may have now or in the future with your provider. The laws governing confidentiality can be quite complex, and we are not attorneys. In situations where specific advice is required, formal legal advice may be needed.

Professional Records

The laws and standards of our profession require that we keep Protected Health Information (PHI) about you in your record. You may examine and/or receive a copy of your Patient Record if you request it in writing, unless we believe that by viewing these records, your emotional and/or physical wellbeing may be jeopardized. If you do wish to review your records, we recommend that we review them together to minimize any confusion or misinterpretation of medical terms. HMO will notify you if there has been a breach of your unsecure PHI.

Rights

HIPAA provides you with rights regarding your record and disclosures of PHI. These rights include requesting that your provider amend your record; requesting restrictions on what information from your record is disclosed to others, including insurance companies and individuals you involve in your care, which should be complete upon signing your consent form, if later, request should be provided in writing; requesting an accounting of most disclosures of PHI that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Notice, Office Policies, and other HMO practice policies/procedures. If you believe your privacy rights have been violated, you have a right to file a complaint with this office- 24300 Orchard Lk Rd. Farmington Hills, MI 48336, 248.537.2646 or with the Secretary of the Department of Health and Human Services. This office will not penalize you in any way for filing a complaint. If you have any questions, we are willing to discuss these rights with you.

Considerations Regarding Third Party Payment (Insurance Reimbursement) and Collections

Some patients elect to use their insurance to help pay for their services with us. If you decide to involve your insurance company in your services, HMO will provide documentation and attempt to provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. It is particularly important that you find out exactly what mental health services your insurance policy covers. Before deciding to use your insurance coverage, please read the following information so you will know how filing for insurance may affect you:

Filing for third party reimbursement requires that your services, or “treatment,” be certified as “medically necessary.” This requires your mental health provider to provide the insurance company with personal information in addition to a diagnosis to justify your treatment. It is our understanding that you



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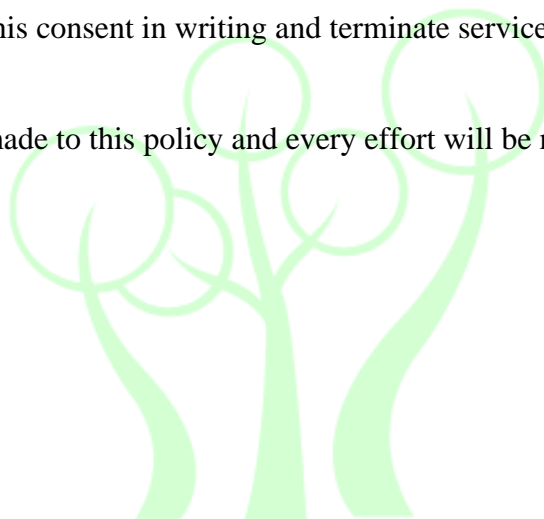
will have this diagnosis attached to your insurance records for years to come. It is also our understanding that this diagnosis, and possibly other personal information about you and your mental health services, will be kept in shared insurance computers for some period of time. HMO cannot guarantee how this information will be treated once it is released and out of our hands.

By consenting to treatment and signing the Office Policies and Informed Consent for Mental Health Treatment, you agree that HMO can provide requested information to your carrier, should you decide to involve your insurance company in your services. Remember, you have the right to pay privately for your mental health services and leave this third party out of your confidential relationship with your provider.

In the event that we must utilize a collections agency or law firm to obtain the balance owed to us, we may release your PHI to facilitate this process and you will be responsible for all collections and attorney's fees.

You have the right to revoke this consent in writing and terminate services with your HMO Provider at any time.

Updates or revisions may be made to this policy and every effort will be made to notify patients of these changes in a timely manner.



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