

## The Coche Center: 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. You will be asked to acknowledge that you have received our Notice of Privacy Practices.*

The Coche Center understands that information about you and your health is very personal and therefore, we will strive to protect your privacy as required by law. We will only use and disclose your personal health information as allowed by applicable law. We are committed to excellence in the provision of state-of-the-art health care services through the practice of patient care, education, and research. Therefore, as described below, your health information will be used to provide you care and may be used to educate health care professionals and for research. We train our staff and workforce to be sensitive about privacy and to respect the confidentiality of your personal health information. We are required by law to maintain the privacy of our patients' personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice of Privacy Practices so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice of Privacy Practices effective for all personal health information maintained by us. The terms of this Notice of Privacy Practices apply to the offices in Philadelphia, Pennsylvania and Stone Harbor, New Jersey.

### USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

The following categories detail the various ways in which we may use or disclose your personal health information. For each category of uses or disclosures, we will give you illustrative examples. It should be noted that while not every use or disclosure will be listed, each of the ways we are permitted to use or disclose information will fall into one of the following categories.

- 1. Signed Authorization** is required before we can use or disclose your personal health information except as outlined below. A Release of Information form describes information to be disclosed, to whom, for what purpose, and when. You can revoke that authorization in writing, except to the extent we have already relied upon it.
- 2. For Treatment.** Personal health information can be necessary for your treatment. For instance, information in your record, provided for or about you, provides needed data about your symptoms and reactions. From these data we do treatment planning for you. With a signed releaser form, we may also disclose your personal health information to other health care providers for you. This helps coordinate your care.
- 3. For Payment.** We need to use and disclose your personal health information to invoice and collect payment for services rendered. For instance, we must use your information to provide an invoice for.
- 4. For Health Care Operations.** We work with your personal health information as necessary and as permitted by law, for health care operations. For example, we may use your personal health care information in order to conduct and evaluation of the treatment and services we provide.
- 5. Only With Persons Involved In Your Care.** Only with written permission will we disclose your health information, and only to those directly involved in your care. We assume, since it is not in the best interests of all involved, that you will not involve us in court proceedings and that, by signing this agreement, you support our commitment to your privacy. You hereby agree not to ask us to supply personal health information about you or your children to attorneys in litigious situations, since this information is of a private nature and protected by law according to patient privilege and legal agencies are not involved in your health care.
- 6. Appointments and Services.** Personal health information facilitates appointment scheduling and informs us about which services may be of assistance to you.
- 7. For Research.** The Coche Center is involved in research to increase knowledge of cutting-edge psychological concepts and treatments. We may use and disclose your personal health information for research. For example, your response on a questionnaire can help evaluate the effectiveness of clinical interventions. We are committed to evidence based practice but your name will be able to be deciphered from this approach.
- 8. With Health Care Associates.** Auditing, accreditation, legal services, require personal client information. In such cases, we require these business associates to appropriately safeguard the privacy of your information.
- 9. Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. These

include for any purpose required by law, such as : to state agencies if we suspect child abuse or neglect; to certain governmental agencies if we believe you to be a victim of abuse, neglect, or domestic violence; to your employer when we have provided health care to you at the request of your employer for purposes related to occupational health and safety; if required by law to a government oversight agency conducting audits, investigations, inspections and related oversight functions; in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public; if required to do so by a court or administrative order, subpoena or discovery request; to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime, or for other allowable law enforcement purposes; to coroners, medical examiners, and/or funeral directors; if necessary for purposes related to your workers' compensation benefits.

**10. Confidentiality of Alcohol and Drug Abuse Patient Records, HIV-Related Information, and Mental Health Records.** The confidentiality of alcohol and drug abuse patient records, HIV-related information, and mental health records maintained by us is specifically protected by state and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing.

#### YOUR RIGHTS AT THE COCHE CENTER

- 1. The Right to Access, Copy, or Inspect Your Personal Health Information.** Requests for access must be made in writing and be signed by you or your representative. Should we deny access, we will provide you with a written explanation. These records may carry a charge.
- 2. The Right to Amend Your Personal Health Information.** You have the right to request that personal health information be amended and we give each request careful consideration. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction. However, we may not delete any information already documented in your medical record. You may obtain an amendment request form from us.
- 3. The right to a List of Disclosures of your personal health information. And, the right to restrict the use and Disclosures of Your Personal Health Information.** You have the right to receive an accounting of certain disclosures made by us of your personal health information. Fill out a request for Restriction of Use and Disclosure of Personal Health Information form. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, we will notify you of such termination.
- 4. Confidential Communications.** You have the right to request communications regarding your personal health information from us by alternative means or at alternative locations and we will accommodate reasonable requests by you. You must request such confidential communication in writing.

**Paper Copy of Notice.** As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint in writing with the doctor's office or Guest Services department of the hospital you visited. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

**For further information.** If you have questions or need further assistance regarding this Notice of Privacy Practices, you may contact us in writing at The Coche Center, Academy House, Suite 410, 1420 Locust Street, Philadelphia, Pa 19102 or by telephone at (215) 735-1908 or by email at [tcctcs@earthlink.net](mailto:tcctcs@earthlink.net)

Effective Date: This is effective August 1, 2004

Please sign below to acknowledge receipt of this notice.

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Name of Patient or Patient Representative

Signature of Patient or representative

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Date