



CLIENT RIGHTS

When it comes to your health information, and your care at Compass Counseling and Behavioral Health, you have certain rights. This form explains your rights and some of our responsibilities to help you. The effective date of this form is November 1st, 2016.

Right to Request Confidential Communication. To provide you with quality care, it is our normal practice to communicate with you about health matters, for reasons such as appointment reminders, billing issues, or questions at the home address and daytime phone number provided to us in your new client paperwork. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests.

May we:	Yes	No
Contact you at home and leave a message?		
Contact you by cell phone number?		
Contact you by text message?		
Contact you by email?		

Do you have any other special calling, message, or contact instructions? If so, please list them here:

Right to release your medical records

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that we acted in reliance on such authorization

Right of Access to Inspect and Copy

You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. You may also request that a copy of your PHI be provided to another person.

Right to add information or amend your medical records

If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. We will make a decision on your request with 60 days, or some cases within 90 days. Under certain circumstance, we may deny your request to add or amend information. If

we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Your statement and our response will be added to your record. We will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

Right to an accounting of disclosures

You have the right to request an accounting of certain disclosures that we make of your PHI. You may request an accounting of any disclosures we have made related to your medical information, excluding information we were required by law to release, information used for treatment, payment, or health care operational purposes, or shared with you or your family, that you gave us specific consent to release. To receive information regarding disclosure made for a specific time period no longer than six years and after September 1, 2013, please submit your request in writing. We will notify you of the cost involved in preparing this list.

Right to request restrictions on uses and disclosures of your health information

You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction. This request must be in writing and submitted to Compass Counseling and Behavioral Health personnel.

Right to file a complaint

If you believe your privacy rights have been violated, please contact us personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, DC 20201 or by calling (202) 619-0257. An individual will not be retaliated against for filing such a complaint.

Right to breach notification

If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to receive this notice

You have the right to a copy of this notice.

Right to changes in policy

You have the right to receive any future policy changes secondary to changes in state and federal laws.

For more information, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Signature: _____ Date: _____

Witness: _____ Date: _____