



**CARING TOUCH SOCIAL WORKERS, LLC  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL  
INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**PLEASE REVIEW IT CAREFULLY**

**OUR COMMITMENT TO YOUR PRIVACY**

Caring Touch Social Workers, LLC is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at this time.

To summarize, this notice provides you with the following important information:

- How your identifiable health information is protected
- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligations concerning the use and disclosure of your identifiable health information

**I. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING  
WAYS**

Caring Touch Social Workers, LLC may use or disclose your identifiable health information (IHI), for treatment, payment, and health care operations purposes with your consent. Definitions of these terms are as follows:

- *TREATMENT* Our organization may use your identifiable health information to service you. For example, we may consult with another health care provider, such as your family physician, psychiatrist or psychologist to assist in providing comprehensive case management. We may use or disclose you IHI in order to support and service you or to assist others in your services. Additionally, we may disclose you IHI to those who may assist in your care, such as your physician, spouse, children, or parents.
- *PAYMENT* Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UR), precertification, medical necessity review. For example,

occasionally the insurance company requests a copy of your service record to be sent to them prior to approving payment for a bill.

- *HEALTH CARE OPERATIONS* Our organization may use and disclose your IHI to operate our business. Examples of this are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

## II. USES AND DISCLOSURES REQUIRING AUTHORIZATION

We may use or disclose IHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your service notes. "*Service notes*" are notes your Social Worker has made about their conversation during a private, group, joint, or family session, which we have kept separate from the rest of your records. These notes are given a greater degree of protection than IHI.

You may revoke all such authorizations (of IHI or service notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

## III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

We may use or disclose IHI without your consent or authorization in the following circumstances:

***Child Abuse / Neglect:*** If we have reasonable cause to believe that a child been abused or neglected, or have reason to believe that a child seen in the course of our professional duties has been threatened with abuse or neglect, and that abuse or neglect of the child will occur, we must report this to the Children and Youth Services, ChildLine, and/or the police.

***Adult and Domestic Abuse:*** If we have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, we may report such information to the relevant county department or state official of the long-term care ombudsman. If we have reason to suspect that sexual or physical assault has occurred, we must immediately report to the appropriate law enforcement agency.

***Health Oversight:*** If the National Association of Social Workers or The PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors requests that we release records to them as part of its investigations, hearings or proceedings in order for our professional examining board to investigate a complaint, we must comply with such a request

***Judicial or Administrative Proceedings:*** If you are involved in a court proceeding and a request is made for information about the professional services that we have provided to you and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

***Serious Threat to Health or Safety:*** If we have reason to believe, exercising our professional care and skill, that you may cause harm to yourself or another we may disclose your confidential mental health information to any person without authorization if we reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

***Worker's Compensation:*** If you file a worker's compensation claim, we may be required to release records relevant to that claim to your employer or its insurer and may be required to testify.

***Lawsuits and Similar Proceedings:*** If you are involved in a lawsuit or similar proceeding, we may be required to release records in response to a discovery request, subpoena, or other lawful purpose by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

***National Security:*** Our organization may disclose your IHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

#### **IV. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION**

***Confidential Communications:*** You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

***Requesting Restrictions:*** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, service, payment, or health care operations. Additionally, you have the right to request that we limit our disclosure of your IHI to individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree with your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to service you. In order to request a restriction in our use or disclosure of your IHI, you must make your request in writing. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our organizations use, disclosure or both; and (c) to whom you want the limits to apply.

***Inspection and Copies:*** You have the right to inspect or obtain a copy (or both) of IHI and service notes in our records that may be used to make decisions about you, but not including psychotherapy notes. You must submit your request in writing, in order to inspect and/or obtain a copy of your IHI. We may deny your request to inspect and/or copy your IHI under certain limited circumstances; however you may have this decision reviewed. Reviews will be conducted by another licensed health care professional chosen by us.

***Amendment:*** You may ask us to amend your IHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request, if you ask us to amend information that is: (a) accurate and complete; (b) not part of the IHI kept by or for our organization; (c) not part of the IHI which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.

***Accounting of Disclosures:*** All of our clients have the right to request an “accounting of disclosures”. An “accounting of disclosures” is a list of certain disclosures our organization has made of your IHI. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for “accounting of disclosures” must state a time period which may be no longer than six years. Our organization will notify you of the costs involved with the request and you may withdraw your request before you incur any costs.

***Right to a Paper Copy of This Notice:*** You are entitled to receive a paper copy of the notice to privacy practices. You may ask us to give you a copy of this notice at any time.

***Right to Provide an Authorization for Other Uses and Disclosures:*** Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

## **V. QUESTIONS AND COMPLAINTS**

If you have questions about this notice, are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our office.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may e-mail your written notice of your complaint to Kevin Masturzo, LCSW at [kmasturzo@caringtouhsocialworkers.com](mailto:kmasturzo@caringtouhsocialworkers.com)

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We will provide you with the appropriate address upon request

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

## **VI. EFFECTIVE DATE, RESTRICTIONS AND CHANGES TO PRIVACY POLICY**

This notice will go into effect on 6/15/08.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all IHI that we maintain. . Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If we revise our policies and procedures, we will notify you by posting a notice of revision on the Caring Touch Social Worker's, LLC website. We will be happy to provide you with a written copy of these revisions upon request