

## CLIENT'S COPY OF IMPORTANT POLICIES- THE CLIENT KEEPS THIS FORM

### [ APPOINTMENT POLICY]

Our office policy requires ALL appointments needing to be cancelled and/or rescheduled by 1:00 PM the day PRIOR to your appointment. We have this policy set in place so that our providers are given the opportunity to fill in any cancellations that may arise. If a patient cancels and/or reschedules an appointment LATER THAN 1:00 PM the day PRIOR to their appointment – that will be considered a LATE CANCELLATION. If a patient fails to cancel an appointment at all – this will be considered a NO SHOW. We also have a grace-period in which a patient may arrive at the appointment and still be seen. The grace period is as follows:

- Counseling, Occupational, and Physical Therapy has a 20-minute grace period.
- Medication Management has a 10-minute grace period.
- Speech Therapy is based on your scheduled appointment time. Please see your provider for additional information.

If a patient arrives after the grace period, the patient will not be seen by the provider. If a patient consistently arrives to their appointments late but within the grace period, their provider will address this issue with them. Our policy is that if a client accumulates 2 consecutive late cancellations/no shows or 4 total late cancellations/no shows in a 12-month period beginning at the initial appointment, the provider then has the right to refer the patient to another mental health facility and terminate services within Desoto Family Counseling and Pediatric Therapy Center. If a patient ever wants to dispute that an appointment was cancelled within the time stated by our policy, we ask that you address the matter with your provider and in turn the solution can be passed on to our front staff.

### [TELEMENTAL HEALTH POLICY]

TeleMental Health is defined as follows: "TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers."

TeleMental Health is a relatively new concept even though many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. All DFCTC providers have completed specialized training in TeleMental Health. Our office has developed several policies and protective measures to assure your PHI remains confidential. These are as follows:

- Video Conferencing (VC): Video Conferencing is an option for provider and patient to conduct remote sessions over the internet where they not only can speak to one another, but they may also see each other on a screen. Providers mostly use Zoom for Healthcare. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Zoom is willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential. If you choose to utilize this technology, Zoom will give you detailed directions regarding how to log-in securely once you have been enrolled for the first appointment. We ask that the patient please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly. Additionally, the patient is responsible for initiating the connection with the provider at the time of your appointment. We strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).
- Your Responsibilities for Confidentiality & TeleMental Health: Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleMental Health sessions.
- In Case of Technology Failure: During a TeleMental Health session, you could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and that your provider has that phone number. If you get disconnected from a video conferencing or chat session, end and restart the session. If you are unable to reconnect within ten minutes, please call the office. If you are on a phone session and you get disconnected, please call back to schedule another session. If the issue is due to *the provider's* phone service, and you are not able to reconnect, our office will not charge you for that session.
- Limitations of TeleMental Health Therapy Services: TeleMental Health services should not be viewed as a complete substitute for therapy conducted in an office. Due to COVID, it is the alternative therapy we are using currently. It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, the provider may not see a tear in your eye. Or, if audio quality is lacking, they might not hear the crack in your voice that they could easily pick up if you were in the office. There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction. Please know that we have the utmost respect and positive regard for you and your wellbeing. We invite you to always keep our communication open to reduce any possible harm.

- **Emergency Contact Person:** You and your provider should identify an Emergency Contact Person who can be present with you in the case of a mental health crisis during TeleMental Health services.

#### [COMMUNICATION RESPONSE TIME]

DFCPTC is an outpatient, non-emergent facility and is set up to accommodate individuals who are reasonably safe and resourceful. Unfortunately, our providers do not have a direct line, nor are they always available. If at any time this does not feel like sufficient support, please inform your provider, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Providers will return emails, or texts sent through the Kareo portal within 24-48 business hours. However, our office does not return any form of outside of our regular hours. Regular emails sent outside of the Kareo portal are not protective of your personal information and is not HIPAA compliant. If you are having a mental health emergency and need immediate assistance, please follow one or more of the instructions below.

- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

#### [ Notice of Privacy Practices] - HIPAA

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

PLEASE READ CAREFULLY! Desoto Family Counseling Center, PLLC has adopted the following policies and procedures for protection of the privacy to the people we serve.

##### OUR OBLIGATION TO YOU:

We at Desoto Family Counseling Center, PLLC respect your privacy. This is part of our code of ethics. We are required by law to maintain the privacy of “protected health information” about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. “Protected health information,” means any information that we create or receive that identifies you and relates to your health or payment for services to you.

##### USE AND DISCLOSURE OF INFORMATION ABOUT YOU:

##### Use and disclosure for treatment, payment, and health care operations.

We will use your protected health information and disclose it to others as necessary to provide treatment to you. Here are some examples:

- ∅ Various members of our staff may see your clinical record during our care for you. This includes clinical assistant, accounting, physicians, and other therapists.
- ∅ We may provide information to your health plan or another treatment provider in order to arrange for a referral or clinical consultation.
- ∅ We may contact you to remind you of appointments.
- ∅ We may contact you to tell you about treatment services that we offer.
- ∅ We may contact you regarding insurance benefits.

We will use or disclose your protected health information as needed to arrange for payment for service to you. For example, information about your diagnosis and the service we render is included in the bills that we submit to your health plan. Your health plan may require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary. A health care provider that delivers service to you, such as an accounts payable representative, may need information about you in order to arrange for payment for its services.

It may also be necessary to use or disclose protected health information for our health care operations or those of another organization that has a relationship with you. For example, our quality assurance staff reviews records to be sure that we deliver appropriate treatment of high quality. Your health plan may wish to review your records to be sure that we meet national standards for quality of care.

It is our policy to obtain a general written permission to use and disclose you protected health information for treatment, payment, or health care operations purposes, you will be asked to sign a consent form to permit all such uses and disclosures of your information at the time of Intake.

Emergencies: If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.

Disclosure to your family and friends: If you are an adult, you have the right to control disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. But if you do not object, we will share information with family members or friends involved in your care as need to enable them to help you. **You will be required to sign a Release of Information for everyone.**

Disclosure to health oversight agencies: We are legally obligated to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services.

Disclosures to child protection agencies: We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse or neglect.

Other disclosures without written permission: There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made:

Pursuant to court order, To public health authorities, To law enforcement officials in some circumstance, To correctional institutions regarding inmates, To federal officials for lawful military or intelligence activities, To coroners, medical examiners and funeral directors, To researchers involved in approved research projects, and as otherwise required by law.

Other disclosures: We will follow the provisions of 42 CFR Part 2 governing disclosure of protected health information. Except for the circumstances described above, we will not disclose protected health information to a third party without your written permission or a court order. If a request for disclosure of your patient record is received, you will be contacted and asked whether you wish to authorize disclosure. If you refuse to authorize disclosure, or it is not possible for us to contact you personally, we will not disclose your information without a court order.

Disclosures with your permission: No other disclosure of protected health information will be made unless you give written authorization for the specific disclosure.

## **YOUR LEGAL RIGHTS**

Right to request confidential communications: You may request that communications to you, such as appointment reminders, bills, or explanation of health benefits be made in a confidential manner. We will accommodate any such request, as long as you provide a means for us to process payment transactions.

Right to request restrictions on use and disclosure of your information. You have the right to request restrictions on our use of your protected health information for particular purposes, or our disclosure of that information to certain parties. We are not obligated to agree to a requested restriction, but we will consider your request.

Right to revoke a Consent or Authorization: You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.

Right to review and copy record: You have the right to see records used to make decisions about you. We will allow you to review your record unless a clinical professional determines that the review would create a substantial risk of physical harm to you or someone else. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected health information about other people.

At your request, we will make a copy of your record for you. **We will charge a reasonable fee for this service.**

Right to "amend" record: If you believe your records contain an error, you may ask us to amend it. If it is amended, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions, they make about you.

Right to an accounting: You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, accounting of other disclosures made in the preceding six years. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our contact person. Our contact person is Anthony J. Wood. The contact person can be reached at 662-772-5937.

Personal Representatives: A "personal representative" of a patient may act on their behalf on exercising their privacy rights. This includes the parent or legal guardian or a minor. In some cases, adolescents who are "mature minors" may make their own decisions about receiving treatment and disclosure of protected health information about them. If an adult were incapable of acting on his or her own behalf, the personal representative would ordinarily be family. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will.

Disclosure of protected health information to personal representative may be limited in cases of domestic or child abuse.

## **COMPLAINTS**

If you have any complaints or concerns about our privacy policies or practices, please submit a complaint to our contact person. If you wish, the contact person will give you a form that you can use to submit a complaint.

## **CIVIL RIGHTS COMPLIANCE**

### Nondiscrimination Policy

As a recipient of federal financial assistance, Desoto Family Counseling Center does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by Desoto Family Counseling Center directly or through a contractor or any other entity with whom Desoto Family Counseling Center arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact Kristen George at 662-772-5937.

#### Limited English Proficiency

We contact local hospitals, charitable organizations, or the Department of Human Services in instances where limited language, proficiency clients are concerned. Limited English Proficiency Policy form is available upon request.

#### Sensory Impairment

We maintain contact with individuals who are proficient in Sign Language to assist our hearing-impaired clients. Procedure for communicating information to persons with sensory impairments is available upon request.

#### Accessibility

Desoto Family Counseling Center and all of its programs and activities are accessible to and usable by disabled persons, including persons with impaired hearing and vision. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, patient treatment areas, including examining rooms and patient wards.
- A full range of assistive and communication aids provided to persons with impaired hearing, vision, speech, or manual skills, without additional charge for such aids.

If you require any of the aids listed above, please let the receptionist or your therapist know.

Effective Date: These policies and procedures were approved January 1, 2022.