

Palmetto Counseling & Consulting Services, LLC (“Palmetto”)

Notice of Privacy Practices

This notice is effective April 14, 2003.

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Protecting the privacy and confidentiality of information about our clients is extremely important to Palmetto Counseling & Consulting Services, LLC (hereafter referred to as “Palmetto”). Accordingly, Palmetto strives to comply with the applicable state and federal law. Palmetto is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of Protected Health Information and to provide you with notice concerning our privacy practices. In the event that another law, other than HIPAA, prohibits or limits Palmetto’s use and disclosure of Protected Health Information, Palmetto will comply with the more stringent standard.

Your health record contains personal information about you and your health. This is information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). PHI means individually identifiable health information, as defined by HIPAA, which is created or received by Palmetto Counseling. This information contains demographic information about you such as your name, date of birth, social security number as well as information about your physical or mental health, services provided by Palmetto or services provided by others prior to your admission.

This Notice of Privacy Practices describes how Palmetto may use and disclose your PHI in accordance with applicable law and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI. Palmetto is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. Palmetto is required to abide by the terms of this Notice of Privacy Practices. Palmetto reserves the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that Palmetto maintains at that time. Palmetto will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Uses and Disclosures. The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with other providers important in your care such as your primary care physician, psychiatrist, case manager, and other health care providers only with your authorization.

For Payment. Palmetto may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. Palmetto may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract (i.e., HIPAA Business Associate Agreement) with the business that requires it to safeguard the privacy of your PHI. Palmetto may also release your PHI when cooperating with outside organizations that accredit, evaluate, certify, audit, or license the staff at Palmetto Counseling. For training or teaching purposes PHI will be disclosed only with your authorization. In addition, Palmetto Counseling may use your PHI to remind you of missed or future appointments, payment reminder for an outstanding financial balance to your account, to provide information about treatment alternatives or other health-related benefits and services either by telephone or written correspondence. Your PHI may also be released to resolve complaints, grievances, and appeals against Palmetto Counseling and/or business associates.

Other Products and Services. Palmetto does not use your PHI for marketing purposes of any kind. Palmetto will not disclose your PHI to any business associate for that purpose.

Family and Friends Involved in Your Care. Palmetto will not routinely disclose PHI to your family and friends, even when they have been involved in your treatment, without your prior authorization. If you are incapacitated as we determine that a limited disclosure is in your best interest, Palmetto may share limited PHI with such individuals.

Required by Law. Under the law, Palmetto must make disclosures of your PHI to you upon your request. In addition, Palmetto must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Applicable law and ethical standards permit Palmetto to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

Required by Law, such as the mandatory reporting of suspected child abuse or neglect and to report suspected abuse, neglect, or exploitation of a vulnerable adult, or mandatory government agency audits or investigations (such as the Social Work Licensing Board, Department of Health and Human Services, Medicaid, etc.)

If it is believed that a client presents an imminent danger to the health and safety of another, Palmetto may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police.

To prevent a clear and immediate danger to a person or persons, in cases where the information is necessary to prevent the client from causing harm to himself / herself or to others.

According to SC law, Palmetto may disclose PHI “when required by statutory law or by court order for good cause shown to the extent that the patient’s care and treatment or the nature and extent of his/her mental illness or emotional condition are reasonably at issue in a proceeding; provided, however, confidences revealed shall not be used as evidence of grounds for divorce.”

Per SC law, Palmetto may reveal PHI “where the client is a party in a criminal or civil proceeding, and the client introduces his mental condition as an element of a claim or defense”

Palmetto may use or disclose your PHI when required by law. For example, Palmetto Counseling may be required by law to use or disclose your PHI when responding to a court order or if a client files a complaint or lawsuit against Palmetto, we may disclose relevant information regarding that client in order to defend

Palmetto Counseling & Consulting Services, LLC (“Palmetto”)

Palmetto. SC Law states that “where the licensee is a defendant in a civil, criminal, or disciplinary action arising from the course of service to the client in which case confidences may be disclosed only in the course of that action”

Palmetto may disclose your PHI for public health activities, such as reporting a required communicable disease.

Palmetto may disclose your PHI for the proper law enforcement purposes. For example, if a crime is committed by you or upon you while you are in treatment. South Carolina law states that Palmetto may reveal confidences if “the intention of the patient to commit a crime or harm himself and the information necessary to prevent the crime or harm”

If a client files a worker’s compensation claim, and services are being compensated through workers compensation benefits, Palmetto must, upon appropriate request, provide a copy of the client’s record to the client’s employer or the South Carolina Industrial Commission.

Palmetto may disclose your PHI to coroners or medical examiners consistent with state law.

Palmetto may use or disclose your PHI if you are a member of the military as required by armed forces services.

Verbal Permission

Palmetto may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at: Palmetto Counseling & Consulting Services, LLC

ATT: Privacy Officer

454 S. Anderson Road

BTC Suite #121

Rock Hill, SC 29730

(803) 329-9639

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 may be 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. Palmetto may charge a reasonable, cost-based fee for copies.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask Palmetto to amend the information although we are not required to agree to the amendment. Please submit your request in writing and the reason for the amendment to our Privacy Officer.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. Palmetto may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. 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. Palmetto is not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that Palmetto communicate with you about medical matters in a certain way or at a certain location. You have the right to request that communications regarding your PHI be made by alternative means or alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. Requests for confidential communications must be in writing, signed by you or your representative, and filed with Palmetto Counseling.

Right to a Copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at:

Palmetto Counseling & Consulting Services, LLC

ATT: Privacy Officer

454 S. Anderson Road

BTC Suite #121

Rock Hill, SC 29730

(803) 329-9639

or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

We will not retaliate against you for filing a complaint.

The effective date of this Notice is April 14, 2003

Palmetto Counseling & Consulting Services, LLC (“Palmetto”)

STATEMENT OF CLIENTS’ RIGHTS AND RESPONSIBILITIES

Information

- Receive information about your Insurance / EAP / Managed Care Entity, including its services, practitioners and providers, and receive a copy of Clients Right and Responsibilities statement.
 - Read and understand your plan and benefits. Know your copayments and what services are covered and what services are not covered.
 - Make sure you have the correct authorization for certain services, including inpatient hospitalization and out-of-network treatment.
 - Show your member ID card to health care professionals before getting care from them.
 - Get up-to-date information about the services covered or not covered by your plan, and any limitations or exclusions.
 - Receive a prompt reply from your Insurance / EAP / Managed Care Entity when you ask the plan questions or request information.
 - Know how the plan pays network health care professionals for providing services to you.
 - Get up-to-date information about the health care professionals, hospitals and other providers that participate in the plan.
 - Receive information from health care professionals about your medications, including what the medications are, how to take them and possible side effects.
 - Be informed by participating health care providers about continuing health care requirements after you are discharged from inpatient or outpatient facilities.
 - Be informed if a health care professional plans to use an experimental treatment or procedure in your care. You have the right to refuse to participate in research projects.
 - Receive from health care professionals as much information about any proposed treatment or procedure as you may need in order to consent to or refuse a course of treatment. Except in an emergency, this information should include a description of the proposed procedure or treatment, the potential risks and benefits involved, any alternate course of treatment (even if not covered) or non-treatment and the risks involved in each, and the name of the health care professional who will carry out the procedure or treatment.
 - A candid discussion of all services available or that might be appropriate regardless of whether those services are covered by my benefits. I have the right to know my treatment options regardless of the cost and whether they are covered services.
 - Be provided with and involved in the development of a plan for my treatment that is individualized to me.
 - Be fully informed of any rules and regulations that may govern my participation in treatment. (i.e., Whether I can be charged if I do not attend my appointment or whether I have to pay any costs in addition to that covered by my benefits.)
 - Be fully informed about any procedures, medications, including the benefits and risks, and any research projects that I may be involved in before they are started.
- Receive information in a language they can understand.
- Receive a clear explanation of their condition and treatment options.
 - Receive information about Insurance /EAP/Managed Care Entity, its providers, programs, services and role in the treatment process.
 - Receive information about clinical guidelines used in providing and managing their care.
 - Know about advocacy and community groups and prevention services.

As a participant, you have the right to current information concerning:

- Your diagnosis, recommended medically appropriate treatment options that relate to your care, potential alternatives and accompanying risks, benefits, and costs (in writing for Medicare participants). This information, regardless of cost or benefit coverage, will be explained in terms and in a language that you can reasonably understand.
- Written financial agreements you entered for treatment services rendered.
- Possible consequences of refusing treatment plan recommendations.
- Circumstances or conditions under which you may be transferred to another treatment program or facility, and the accompanying risks, benefits and cost of such a transfer.
- Your records, and having information explained or interpreted as necessary, except when protected or restricted by law.
- How to access services, including any emergency services needed outside of normal business hours or when you are away from your usual place of residence or work, by using the indicated number on the benefit card, or by independently accessing Insurance / EAP / Managed Care Entity On-line resources, or through arrangement with an existing treatment provider
- How Insurance /EAP/Managed Care Entity evaluates new technology for inclusion as a covered benefit.
- Assistance in selecting a new behavioral healthcare delivery office or practitioner if your current practitioner is affected by termination or closure.
- Resources and procedures available through Insurance /EAP/Managed Care Entity for communicating concerns or questions, for expressing dissatisfaction with services or care, and for requesting an appeal if not satisfied with any decisions regarding dissatisfaction with services or care.
- Services available to you and charges for those services including services not covered under your health plan’s benefits.
- Resources and procedures available through Insurance / EAP / Managed Care Entity to make suggestions about Insurance /EAP/Managed Care Entity’s rights and responsibilities policies.
- Be told how to file a complaint or appeal with the plan.

Privacy In Treatment

As a participant, you have the right to protection of privacy and confidentiality:

- In case discussions, examinations, and treatment services.
- In communications and records pertaining to care, except in cases such as suspected child abuse and danger to yourself or others, when reporting is permitted or required by law, or in instances of medical emergency, or when the coordination of care with a primary care physician is required by a health plan, or when disclosure is authorized by court order or court subpoena.
- If you use a medical benefits plan to pay for services and you are not the person who signed up for the coverage as the primary policy holder, be aware that billing statements, claim information and coordination of benefits questions will be sent to the primary policy holder, not to you, unless you contact the Insurance / EAP / Managed Care Entity’s Customer Service number and ask for correspondence to be sent directly to you.

Statement on confidentiality of alcohol and drug abuse records:

Insurance / EAP / Managed Care Entity staff and network practitioners will not identify a participant as involved in alcohol or substance abuse treatment to others outside the treatment program, unless:

- The participant consents in writing; OR
- The disclosure is allowed by court order; OR
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
- The disclosure is made to a primary care physician to coordinate care when required by a health plan and the participant consents verbally or in writing; OR
- The participant commits or threatens to commit a crime at the treatment program or against any person who works for the program; OR
- There is suspected child abuse or neglect or a danger to yourself or others when reporting is permitted or required under state laws to appropriate state or local authorities.

Personal Rights

- Receive services that are provided in a prompt, courteous and respectful manner.
- That are provided in a physical environment that is safe, sanitary, allows for effective treatment, which safeguards the privacy and confidentiality of interactions with your practitioner, and is free from observation by third parties, unless consent is obtained from you.

Palmetto Counseling & Consulting Services, LLC (“Palmetto”)

- Be treated fairly and to be free of discrimination regardless of your race, physical or mental disability, ethnicity, gender, sexual orientation, creed, age, marital status, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care in relation to your admission, discharge, or treatment.
- Be treated with respect for your privacy and dignity.
- Have your medical records kept private, except when permitted by law or with your approval.
- Confidential treatment of my treatment records. Any information from my records will not be released without my prior consent, except in an emergency, or as required by law.
- Refuse to perform any services for any program where I am receiving treatment, unless they are a part of my treatment plan.
- Request the opinion of a consultant at my own expense.
- Receive information about the processes that Insurance / EAP / Managed Care Entity uses to make decisions about whether my care will be covered, benefit plan eligibility, benefit plan services included and excluded, co-payments, the providers who are available for my care, preventive health programs available, and how to file a claim and appeal.
- File an appeal with Insurance / EAP / Managed Care Entity or the appropriate governmental agency when a decision has been made to deny treatment and that a doctor who was not involved in the original decision review my request for an appeal
- Have your medical records kept private, except when permitted by law or with your approval.
- Be involved in deciding on the kind of care you do or do not want.
- Have your health care professional’s help when you have to make decisions about the need for services and if you are involved in the complaint process.
- Refuse any treatment without losing access to other services to the extent permitted by law, and to be informed of the consequences of this refusal. However, my provider has the right to discontinue treatment with me if he/she feels that my refusal of treatment make reasonable and responsible treatment impossible.
- Continuous care with the same provider(s) as long as I remain eligible for services. If it becomes necessary to transfer my care to another provider, I will be given advance notice including the reasons for transfer, any alternatives, and a plan for the transfer unless an emergency situation exists.
- Voice my opinions, recommendations, complaints or appeals to Insurance / EAP / Managed Care Entity about their policies, decisions, their enrollee rights and responsibilities statement and policy, or my care without fear of discrimination or reprisal.
- Be free from physical, chemical and mental abuse in the course of my treatment.
- Have your health care professional’s help when you have to make decisions about the need for services and if you are involved in the complaint process.
- Communicate with Insurance / EAP / Managed Care Entity staff and providers in a language I understand.
- Be told how to get in touch with your primary care physician or a back-up physician 24 hours a day, every day.
- Call 911 (or any available emergency response service) or go to the nearest emergency facility when you have a medical condition with acute symptoms that are severe enough sufficient so that a prudent layperson, who has average knowledge of health and medicine, could reasonably expect the lack of immediate medical attention to result in serious danger to the person’s health.
- Receive urgently needed medically necessary care.
- Suggest changes in the plan’s policies and services.

Exercise Your Rights

- Choose a primary care physician from the plan’s network and form an ongoing patient-physician relationship.
- Help your health care professional make decisions about your health care.
- Tell your health care professionals if you do not understand the treatment you receive and to ask if you do not understand how to care for your illness.
- Obtain primary and preventive care from the primary care physician you chose from the plan’s network.
- Change your primary care physician to another available primary care physician who participates in the plan.
- Get necessary care from participating network specialists, hospitals and other health care providers.
- Be referred to participating network specialists who are experienced in treating your chronic illness.
- Be told by your health care professionals how to schedule appointments and get health care during and after office hours. This includes continuity of care.
- Tell your health care professional promptly when you have unexpected problems or symptoms.
- Consult with your primary care physician for referrals to non-emergency covered specialist or hospital care.
- Call Insurance / EAP / Managed Care Entity’s Member Services department about your plan if you do not understand how to use your benefits.
- Understand that network doctors and other health care professionals who care for you are not employees of your Insurance / EAP / Managed Care Entity and does not control them.
- Give correct and complete information to doctors and other health care professionals who care for you.
- Tell Insurance / EAP / Managed Care Entity about other medical insurance coverage you or your family members may have.
- Ask your treating doctor about all treatment options, and how the doctor is paid by Insurance / EAP / Managed Care Entity.
- You may have additional rights and responsibilities depending upon any state law applicable to your plan.
- Have any person who has legal responsibility to make medical care decisions for you make use of these rights on your behalf.
- Be involved in deciding on the kind of care you do or do not want.
- Refuse treatment or leave a medical facility, even against the advice of doctors (providing you accept responsibility and the consequences of the decision).
- Complete an Advance Directive, Living Will or other directive and give it to your health care professionals.
- Know that you or your health care professional cannot be punished for filing a complaint or appeal.
- Follow the directions and advice you and your health care professionals have agreed upon.
- See the specialists your primary care physician refers you to.
- Make sure you have the correct authorization for certain services, including inpatient hospitalization and out-of-network treatment.
- Show your member ID card to health care professionals before getting care from them.
- Pay the copayments required by your plan.
- Promptly follow your plan’s complaint procedures if you believe you need to submit a complaint.
- Treat doctors and all providers, their staff, and the staff of the plan with respect.
- Not be involved in dishonest activity directed to the plan or any health care provider.
- Tell Insurance / EAP / Managed Care Entity about other medical insurance coverage you or your family members may have.
- Know about your treatment choices. This is regardless of cost or coverage by their benefit plan. From practitioners who are qualified, competent, focused on your care, and reasonably accessible to you.
- That emphasize your participation in developing a treatment plan specific to your needs, and include your agreement to work toward defined goals.
- Easily access care in a timely fashion.
- Share in developing your plan of care.
- Ask their provider about their work history and training.
- Give input on the Members’ Rights and Responsibilities policy.
- If asked, Insurance /EAP/Managed Care Entity will act on the member’s behalf as an advocate.*
- Freely file a complaint or appeal and to learn how to do so.

Palmetto Counseling & Consulting Services, LLC (“Palmetto”)

- Know your rights and responsibilities in the treatment process.
- Request certain preferences in a provider.
- Ask your treating doctor about all treatment options, and how the doctor is paid by Insurance / EAP / Managed Care Entity. You may have additional rights and responsibilities depending upon any state law applicable to your plan.

Member Responsibilities

I have the responsibility to:

- Provide, to the extent possible, information that Insurance / EAP / Managed Care Entity and its practitioners and providers need in order to care for me.
- Follow the plans and instructions for care that I have agreed upon with my practitioner(s).
- Participate, to the degree possible, in understanding my behavioral health problems and to work with my practitioner or provider to develop mutually agreed-upon treatment goals.
- Follow the terms of my benefit plan.

Your responsibilities to ensure better treatment outcomes.

As a participant, you are responsible for:

- Being honest about facts, feelings or ideas that relate to your care.
 - Supplying information that your practitioner(s) and/or provider(s) need in order to provide care and/or that Insurance /EAP/Managed Care Entity may need to determine benefit coverage.
 - Attempting to understand clinical problems that are identified and attempting to follow the plans and instructions for care you have agreed on with your practitioner.
 - Taking an active part in your treatment planning and therapy.
 - Keeping appointments and cooperating with Insurance /EAP/Managed Care Entity staff and participating practitioners.
 - Knowing the names of persons who are providing your care.
 - Reporting changes in your condition to your practitioner.
 - Informing your practitioner if you anticipate problems in following prescribed treatment.
 - Working with Insurance /EAP/Managed Care Entity, practitioners in the network, and your primary care physician to effectively coordinate your healthcare, when required.
 - Asking for clarification if you do not understand issues that relate to your care.
 - Being considerate and respectful of the rights of other participants, practitioners, and staff.
 - Pay the copayments required by your plan.
 - Treat those giving them care with dignity and respect.
 - Give providers and Insurance /EAP/Managed Care Entity information that they need. This is so providers can deliver quality care and Insurance /EAP/Managed Care Entity can deliver appropriate services.
 - Ask questions about your care. This is to help you understand about the treatment you receive.
- Follow the treatment plan. The plan of care is to be agreed upon by the member and provider.
- Follow the agreed upon medication plan.
 - Tell their provider and primary care physician about medication changes, including medications given to them by others.
 - Keep all of your appointments. Members should call their provider(s) as soon they know they need to cancel visits.
 - Let their provider know when the treatment plan is not working for them.
 - Let their provider know about problems with paying fees.
 - Report abuse and fraud.
 - Openly report concerns about the quality of care they receive.
 - Let Insurance / EAP / Managed Care Entity and their provider know if they decide to withdraw from the program.*
- * This standard is required for our Condition Care Management (CCM) products.
- The appropriate assessment and management of any pain that I experience.
 - Have provider decisions about their care made on the basis of treatment needs.
 - Receive information about Insurance /EAP/Managed Care Entity’s staff qualifications and any organization Insurance /EAP/Managed Care Entity has contracted with to provide services.*
 - Decline participation or withdraw from programs and services.*
 - Know which staff members are responsible for managing their services and from whom to request a change in services.*
 - Honoring the confidentiality and privacy of other participants.
 - Making reasonable accommodations to the needs of other participants, practitioners, and staff.
 - Communicating concerns, complaints and grievances through appropriate channels.
 - Notifying Insurance /EAP/Managed Care Entity and your health plan medical practitioner of any Advance Directives (also known as a Living Will or Healthcare Power of Attorney) in effect.
 - Meeting any financial obligations for services received, such as co-pays.
 - Providing Coordination of Benefits information to Insurance /EAP/Managed Care Entity when the participant receiving treatment is covered under more than one healthcare benefit plan.
 - Notifying Insurance /EAP/Managed Care Entity’s Customer Service number when you do not want claim correspondence, including ‘Explanation of Benefits’ documents or billing statements, sent to the plan policy holder.