

CATHOLIC FAMILY SERVICES

Sioux Falls Office Aberdeen Office Pierre Office Mitchell Office Yankton Office Brookings Office

Catholic Family Services complies with the Health Information Portability and Accountability Act (HIPAA). Accordingly we are required by law to:

- maintain the privacy of your medical information
- provide you with notice of our legal duties and privacy practices with respect to your medical information
- abide by the terms of the notice.

You are entitled to:

YOUR RIGHTS AS A CLIENT

- receive full information about the education and background of your therapist.
- be treated with courtesy and respect, with appreciation for your individual dignity, and with protection of your need for privacy.
- a safe environment, free from verbal, sexual, physical, and emotional abuse
- ask questions about your therapy
- request a change in therapist and/or seek a second opinion from another therapist
- terminate therapy at any time without penalty or retaliation
- coordinated transfer when there will be a change in the provider of services
- have records protected by confidentiality and not be revealed to anyone without written authorization (see limits of confidentiality).
- the freedom to report grievances regarding services or staff to a supervisor
- a full explanation of, and personal copy of the agency Fee Policy
- request the transfer of a summary of your treatment to any therapist or agency you choose
- request in writing to inspect and copy medical information that may be used to make decisions about you
- request in writing to amend medical information about you that you believe is incorrect or incomplete
- to request restrictions or limitations on the medical information we use and disclose about you for treatment, payment or healthcare operations
- request in writing for an accounting of disclosures of your medical information
- to request that we communicate with you in a particular way and in a particular place to protect the confidentiality of your medical information.
- Right to receive services in a manner which is nondiscriminatory.

LIMITS AND EXCEPTIONS TO CONFIDENTIALITY:

Information provided by you during therapy sessions is considered confidential. There are several exceptions to this rule, they are as follows:

- if there is reasonable cause to believe that a child or elderly person has been abused or is now being abused, the therapist is legally required to report it to the Department of Social Services
- if you tell the therapist or imply that you intend to harm another person the therapist is required to warn that person and to take steps to prevent that from occurring.
- if you become unable to take care of yourself or become suicidal, the therapist needs to take steps to prevent any harm to you.
- if you report sexual exploitation by a therapist it must be reported..
- if the agency or therapist must take action to collect a debt incurred for services, your name, address, phone number, birth date, social security number, employer, last payment, client billing history and the amount of your debt may be revealed to a collection agent.

- If you file a workers' compensation claim we are required by law to provide your mental health information relevant to that particular injury upon demand, to you, your employer, the insurer and to the Department of Labor.
- If other legal exceptions should arise the therapist will inform you prior to sharing that information or complying with court subpoenas.

CONCERNS REGARDING TREATMENT:

If you have concerns/complaints regarding your treatment it is preferable that you first express those concerns to your therapist. If you are not satisfied with the response you receive, you are encouraged to share with the therapist's Supervisor. The practice of licensed and unlicensed persons in the field of counseling, psychology and social work is regulated by the Department of Commerce and Regulations. The address and phone number of the Grievance Boards are listed here for your reference:

**Board of Examiners of Psychologists &
Board of Examiners of Social Workers
135 East Illinois Suite 214
Spearfish, SD 57783
605-773-3123**

**Board of Counselor Examiners
P.O. Box 1822
Sioux Falls, SD 57101
605 331-2927**

Client Signature

Date

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Catholic Family Services would like to secure your acknowledgement that you are aware of the following:

- 1) That the Notice of Privacy Practices ("Notice"), also known as HIPPA, is available for your perusal in the waiting area
- 2) You may ask for your own copy of the Notice of Privacy Practices.

I acknowledge that I am aware of the Notice of Privacy Practices ("Notice").

Client Signature

Date