



Mountain Brook Music Therapy
Experience positive, meaningful change through music

HIPAA CONSENT

Notice of our privacy practices

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

At Mountain Brook Music Therapy (MBMT), we are committed to protecting your privacy. Because we respect your privacy, we ask that you please read this important Notice. It concerns the privacy of your health information when you use the services of MBMT. We recommend that you keep a copy of this Notice for future reference.

At MBMT, we are committed to protecting client confidentiality to the full extent of the law. The information below (which we are required by law to give to you) reflects federal regulations that set a minimum standard of privacy. In most instances, the policies of MBMT and laws of the state of Utah are more stringent.

This Notice explains our privacy practices and describes how MBMT may use and disclose your health information that specifically identifies you or could be used to identify you. This Notice also provides you with important information about your privacy rights and how you may exercise those rights. Please note that others involved in your healthcare (for example, your health plan, physicians, etc.) may send you separate notices describing their privacy practices.

Your health information

To provide you with safe and convenient music therapy services, we need to obtain and use some health information. Without your health information, we would be unable to provide our services. Examples of the health information we hold include your therapy records, your health plan information, your services payment history, and your address. This information may come from you (for example, when you tell us about your medical and/or psychosocial history), your physician, and your health plan and its agents.

The HIPAA privacy standards

The United States Department of Health and Human Services has adopted privacy standards "the HIPAA Privacy Standards" which protect your health information. The HIPAA Privacy Standards establish rules for when healthcare providers, such as MBMT, may use or disclose your health information. Importantly, the

HIPAA Privacy Standards also tell us what we cannot do with your health information. Activities that are not permitted under HIPAA will require your written authorization.

How MBMT may use or disclose your health information

The HIPAA Privacy Standards allow us to use and disclose your health information, without your authorization, for treatment, payment, and health care operations purposes.

Treatment: We are permitted to use and disclose your health information to provide you with appropriate treatment. For example, we may use or disclose your health information to:

- Review and interpret your treatment plan
- Contact your treating physician or health care provider to resolve questions about your therapy
- Notify you of any issues or scheduling problems with your therapy

Payment: We are permitted to use and disclose your health information to receive payment for our services. For example, we may:

- Bill you for your therapy
- Contact your health plan or its agents to check your co-payment amount
- Check to see if music therapy services are covered under your plan
- Provide your health plan or its agents with the health information they need to pay us for the services we provide, and so that they may otherwise manage your health benefit

Healthcare operations: We are permitted to use and disclose your health information for the general administrative and business activities necessary for us to operate as a provider of therapeutic services. For example, we may:

- Review and evaluate the performance of our therapists
- Conduct audits and compliance programs
- Collect medical and psychosocial history information from you
- Send communications informing you of the status of your therapy
- Provide customer service
- Review and resolve grievances

MBMT may also share health information with:

You: We are permitted to disclose your health information to you. For example, we may inform you of the status and progress of your therapy. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Family members and others involved in your care: In certain circumstances, we are permitted to disclose your health information to family members or other people involved in your care. For example:

If a family member calls MBMT on your behalf, we may provide the family member with information about your therapy, but only if he or she is able to be properly identified and authenticated and only if you have provided permission to MBMT in advance.

This is done for the convenience of you and your family, so that the people close to you may continue to be involved in your care. If for any reason you do not want us to disclose your health information to your family members, you have the right to request a restriction as provided below in Your Privacy Rights.

Courts and government bodies: In certain circumstances, federal and state laws may require us to disclose your health information. We may also provide information to government agencies for healthcare-related investigations, audits, or inspections; to comply with workers' compensation laws; or for certain national security or intelligence activities. If you are involved in a legal matter, we may be ordered to provide your health information to a court or other party. In those cases, only the specific health information required by law, subpoena, or court order will be disclosed.

Public health and safety entities: We are also permitted to disclose your health information for certain purposes that have been determined to benefit the public as a whole. For example, we may disclose your health information to the Food and Drug Administration, to your local public health department, or to law enforcement agencies if the disclosure will prevent or control disease, or prevent a serious threat to the health and safety of an individual or the public.

The Department of Health and Human Services: We are required to disclose your health information to the Department of Health and Human Services, at its request, so it may investigate complaints and review our compliance with the HIPAA Privacy Standards.

Other ways MBMT may use and disclose your health information:

To create "de-identified health information": We may create data that cannot be linked to you by removing certain elements from your health information, such as your name, address, telephone number, and member identification (record) number. MBMT may use this de-identified information to conduct certain business activities; for example, to create summary reports and to analyze and monitor the services we provide.

For research purposes: We are permitted to use and disclose your health information for research purposes, but only if we receive prior approval from a special review board. Before we receive approval, the review board must consider a number of factors and determine whether there are appropriate safeguards in place to protect the privacy of your health information.

Child Abuse: If your therapist, in the ordinary course of professional practice, has reasonable cause to suspect or believe that any child under the age of eighteen years (1) has been abused or neglected, (2) has had nonaccidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (3) is placed at imminent risk of serious harm, then your therapist must report this suspicion or belief to the appropriate authority.

Adult and Domestic Abuse: If your therapist knows or in good faith suspects that an elderly individual or an individual who is disabled or incompetent has been abused, the appropriate information as permitted by law may be disclosed.

Health Oversight Activities: If the Professional Board of Examiners is investigating your therapist, the board may subpoena records relevant to such investigation.

Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and will not be released without the written authorization of you or your legally appointed

representative 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 your therapist believes in good faith that there is risk of imminent personal injury to you or to other individuals or risk of imminent injury to the property of other individuals, the appropriate information, as permitted by law, may be disclosed.

Worker's Compensation: TSI/CAAP may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault.

For other purposes: We must obtain your written authorization if we want to use or disclose your health information for activities other than those listed above and/or where state laws are more stringent. If we need your authorization for certain activities, we will contact you. You may revoke your authorization at any time in writing.

Your privacy rights

MBMT is committed to complying with the HIPAA Privacy Standards while providing you with all the information you need to make informed decisions about your healthcare and therapy. The following describes your privacy rights under the HIPAA Privacy Standards:

The right to request your MBMT "designated record set": You may request a copy of your health information maintained by MBMT your MBMT designated record set. The MBMT designated record set will contain health information specific to your therapy.

The right to request amendments to your MBMT designated record set: You may request changes to the information contained in your MBMT designated record set. However, we are not required to honor your request if, for example, the information you want to amend is accurate and complete. When requesting an amendment, you must provide a reason to support your request.

The right to request an "accounting of disclosures": You may request a list or accounting of the non-routine disclosures of your health information that we have made. Examples may include disclosures to a court or government agency, to a public health and safety entity, for research, or to the Department of Health and Human Services. You may receive one accounting per year free of charge. For additional requests within a one-year period, we may impose a reasonable fee.

The right to request a copy of this Notice: You may request a copy of this Notice at any time.

The right to request restrictions: You may request restrictions on how we use and disclose your health information, and whether we disclose your health information to family members or others involved in your care. Although MBMT is not required to agree to your restriction requests, we will try to honor your request to block health information from your family members. If MBMT agrees to your restriction request, it is important to understand that your family members will no longer be able to act on your behalf or continue to be involved in your care, which may make our services less convenient for you and your family.

The right to request "confidential communications" of your health information: You may request that we send your health information to an address that is different than your family address (for example, your work address). Communications containing your health information will be sent to you at the address indicated. However, please note that certain billing information related to your therapy may continue to be mailed to the person with financial responsibility if that is someone other than you. If you request this confidential handling of your health information, it is important to understand that your family members will no longer be able to act on your behalf or continue to be involved in your care, which may make our services less convenient for you and your family.

To exercise any of your privacy rights, please put your request in writing and email it to mtnbtkmusictherapy@gmail.com.

Additional rights

Some states may provide additional privacy protections under existing or future state laws. We are committed to complying with applicable laws when we use or disclose your health information.

MBMT's responsibilities

We are required by the HIPAA Privacy Standards to maintain the privacy and security of your health information. We must obey all of the applicable conditions of the HIPAA Privacy Standards and only use and disclose your health information as allowed by law. We are required to provide you with this Notice and to abide by the privacy practices outlined in this Notice. [BUSINESS NAME] reserves the right to change a privacy practice described in this Notice and to make the new privacy practice effective for all health information that we maintain. If we need to make a material change to this Notice, you will receive a new Notice by mail, e-mail, or other means permitted by the HIPAA Privacy Standards.

Protecting your health information

Because protecting your health information is important to us, we have taken steps that protect your health information from unauthorized uses and disclosures. We restrict access to your health information to those members of the MBMT workforce who need this information to continue providing the therapeutic services that you need. We make your privacy a priority. To that end, we have trained and educated members of our workforce about the meaning and requirements of our privacy practices and their role in complying with the HIPAA Privacy Standards.

Privacy complaints

If you have any concerns about our privacy practices, or if you feel your privacy rights have been compromised, you have the right to file a complaint with the CBMT at [1.800.765.CBMT \(2268\)](tel:1.800.765.CBMT.2268), or with the United States Department of Health and Human Services. Please be assured that if you file a privacy complaint, your complaint will be handled in a professional manner, and you will not be subject to any type of penalty for filing the complaint.

Questions? We want to make it easy for you to make informed healthcare decisions. If you have any questions about this Notice or our privacy practices as they relate to your music therapy services, you may call MBMT (Allison Tullos) at 205-234-7051.

NOTICE OF PRIVACY PRACTICES:

Acknowledgement of Receipt

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of MBMT. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by: contacting me at mtnbrkmusictherapy@gmail.com.

If you have any questions about our Notice of Privacy Practices, please contact me.

I acknowledge receipt of the *Notice of Privacy Practices* of Mountain Brook Music Therapy

Patient's Name: _____

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Patient's Name: _____

Reasons why the acknowledgment was not obtained:

- € Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices
- € Other: _____

Signature of provider representative: _____ Date: _____