



**LAKES**  
psychiatric  
center

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed, and how you can obtain access to this information. Please review it carefully.

Our staff uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of our organization.

**We May Use or Disclose Your Health Information for:**

**Treatment:** We may use your health information to provide you with mental health treatment or services. For example, information obtained by a mental health provider, such as a psychiatrist, psychologist, social worker, or other person providing mental health services to you, *will* record information in your record that is related to your treatment. This information is necessary for mental health providers to determine what treatment you should receive. Mental health providers *will* also record actions taken by them in the course of your treatment and note how you respond to the actions.

**Payment:** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you of a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment or service.

**Health Care Operations:** We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the clinical staff, risk or quality improvement personnel, and others to:

- evaluate the performance of staff;
- assess the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the mental health care we provide.

**Appointments:** We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Required by Law:** We may use and disclose information about you as required by law. For example, we may disclose information for the purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victim of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties.

**Public Health:** Your health information may be used or disclosed for public health authorities or other legal authorities to prevent or control disease, injury, or disability or for other health oversight activities.

**Descendants:** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation:** Your health information may be used or disclosed for cadaveric organ, eye or tissue donation.

**Research:** We may review your mental health information to determine if your protected health information is needed for research projects. To the extent that information is needed, an institutional review board or privacy board will review the research proposal and established protocols to ensure the privacy of your health information.

**Health and Safety:** Your health information may be disclosed to avert a serious threat to the health and safety of you or any other person pursuant to applicable law.

**Government Functions:** Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed forces.

**Workers' Compensation:** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

**Other uses:** Our uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent we have relied on it.

**Your Health Information Rights**

You have the right to:

- request restriction on certain uses and disclosures of your information as provided; however, we are not required to agree to a requested restriction;
- to obtain a paper copy of this notice of Privacy Practices upon request;
- inspect, and obtain a copy of your health record as provided by law;
- request communications of your health information by alternative means or at alternative locations;
- revoke your authorization to use or disclose health information except to the extent we have already taken action based upon your authorization; and
- receive an accounting of disclosures made of your health information.

If you have any questions or complaints, please contact the Privacy Official at 248-266-4266. You may also complain to the Department of Health and Human Services if you believe your privacy rights have been violated. You *will* not be retaliated against for filing a complaint.

We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we maintain.



## Practice Orientation and Agreement

### Your Rights and Responsibilities as a Client:

- You have the right to receive services from clinicians who adhere to the professional code of ethics of their respective disciplines.
- You have the right to receive services in accordance with Federal and State regulations and accreditation standards governing behavioral health programs.
- You have the right to privacy and confidentiality regarding the services you receive. All information about you and your treatment, whether written or oral, is protected under Federal and State laws, including the HIPAA Privacy Act.
- You have the responsibility to provide informed consent to services offered to you.
- You have the right to refuse services at any time. You have the right to withdraw your consent to receive services and discontinue services at any time. If you should decide to withdraw your consent for services, you must do so in writing.
- You have a right to information concerning your treatment and/or care.
- You have the right to know treatment recommendations and the possible outcomes if you choose not to follow these recommendations.
- You have the responsibility to assist in planning your treatment at every stage.
- You have the right to express any concerns or complaints regarding the services you receive. We encourage you to first contact your clinician to resolve any issues. You may also contact the Director for assistance.
- You have the responsibility to be timely for your appointments. Late arrivals *may* result in rescheduled appointments.
- You have the responsibility to arrive for all scheduled sessions, or to notify us 24 hours in advance if you wish to cancel an appointment. You *may* be charged a practice fee, up to \$100, for non-cancelled appointments where an emergency was not involved, as insurance companies and other third-party payers do not cover missed appointments.
- You are responsible for checking your insurance plan benefits, including any deductibles and/or co-pays. As a courtesy, we attempt to check eligibility and benefits for you.
- You are responsible for any fees that may be charged to you at the time of service and knowing your insurance benefits coverage. You will be charged \$25 for any returned checks.

### Services Offered:

Lakes Psychiatric Center offers an array of mental health and substance abuse services. These services include: individual psychotherapy, group therapy, family therapy, marital therapy, psychiatric evaluations and medication therapy. Your clinician will provide you with a detailed description of the nature of services, expected benefits and potential risks.

### Operations:

Appointments may be individually arranged from 8:00 am and 10:00 pm, 7 days a week. Not all clinicians are available during all open hours. Office staff will generally be available from 9 am-5 pm Mon through Friday. Appointment dates and times, and after-hours contact, will be arranged between you and your treating clinician. In the case of an emergency, you can contact the nearest crisis center (Oakland County Crisis Line at 800-231-1127) or you may visit the nearest emergency room. We practice in a non-smoking environment. Illicit drugs and weapons are not allowed on the premises. Persons in possession of either will be asked to leave immediately.

Confidentiality:

Federal and State laws protect the privacy of communications between a client and a clinician. In most situations, information about your treatment can only be released to others if you sign a written Consent for Release of Confidential Information. However, there are some limits to confidentiality. Information about privacy and limits to confidentiality will be provided by your primary clinician and are also provided in our Notice of Privacy Practices.

Financial Responsibility:

You are expected to pay for service at the time it is rendered, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. A fee adjustment or a payment installment plan may be negotiated in circumstances of unusual financial hardship. All clients will be informed of payment fee schedules prior to rendering services. Although we are likely to inform you of your insurance deductible and co-pays, you are ultimately responsible for knowing this information and for paying both in full.

If your account has not been paid for more than 90 days, and arrangements for payment have not been agreed upon, legal action may be used to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require disclosure of otherwise confidential information. In most collection situations, the only information released regarding a client's treatment is his or her name, the nature of services provided, and total amount due. If such legal action is necessary, its cost will be included in the claim.

Minors and Parents:

Clients under 18 years of age who are not emancipated, and their parents, should be aware that the law may allow parents to examine their child's treatment records. They should also be aware that clients over age 14 can consent to (and control access to information about) their own mental health treatment, although that treatment cannot extend beyond 12 sessions or 4 months. While privacy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is Lakes Psychiatric Center policy to request (but not require) an agreement from any client between ages 14 and 18 and their parents allowing clinicians to share general information with parents about attendance at scheduled sessions and progress in treatment.

Consent for Services:

My initials below indicate that I:

- \_\_\_\_\_ have been made aware of my rights and responsibilities and how to file a grievance or complaint.
- \_\_\_\_\_ have been informed of the name, discipline, and credentials of my primary clinician.
- \_\_\_\_\_ have been informed of practice-specific information and given an orientation to services and give permission to bill my insurance and agree to pay out of pocket costs at the time of the appointment.
- \_\_\_\_\_ have been informed of privacy practices, confidentiality, and limits to confidentiality.

My signature below indicates that I consent to receive services at Lakes Psychiatric Center, and that I understand I may discuss any questions I have regarding services and that I maintain the option to terminate my consent at any time.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lakes Psychiatric Center Staff

\_\_\_\_\_  
Date