

The Behavioral Change Clinic, PLLC
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www.BehavioralChangeClinic.com

**NOTICE OF PRIVACY PRACTICES
& HIPAA INFORMATION FORM
(Adult Version)**

CONFIDENTIALITY: The Behavioral Change Clinic, PLLC is committed to safeguarding your information regarding your physical health, mental health, and personal history. The Clinic keeps records of your services in order to provide you with quality care, meet ethical guidelines, comply with legal requirements. Federal and state laws, such as HIPAA, protect your right to privacy between a client (aka patient) and Therapist (aka psychotherapist, clinician, behavioral health provider). The Therapist is prohibited from sharing protected health information (PHI) about you with others, unless certain circumstances are met. If you ever have any concerns about your privacy or safety, please express them to The Clinic as soon as possible, so that your concerns can be addressed as soon as possible.

RISK TO SELF: If the Therapist assesses that the client is an imminent danger to oneself, hospitalization of the client may be required. Additionally, family members or others may need to become involved to help ensure safety.

RISK TO OTHERS: If the Therapist assesses that the client is an imminent danger to the health or safety of another, the law requires that protective actions are taken, such as hospitalization, calling the police, and/or warning the potential victim.

ABUSE/NEGLECT OF PROTECTED POPULATIONS: If the Therapist has reasonable suspicion that a member of a special population is being abused or neglected, the law requires that a report is filed with the appropriate agency. Additional actions may be required to ensure safety of the person. Special populations include children under 18, disabled adults, and the elderly.

OTHERWISE REQUIRED BY LAW: If the law requires information to be released, then the Therapist will comply with the law to the extent necessary. The Therapist will make efforts to protect sensitive information as much as legally and ethically possible. These situations are usually rare, but often involve court cases. Please be aware that releasing any information about your treatment in a courtroom (such as a letter) may trigger a process that allows your entire record to be admissible in court. If you suspect that your records may be subpoenaed, please consult with a legal expert who is familiar with HIPAA and psychotherapy laws.

SIGNED RELEASE FORM: If you sign a release form, your Therapist receives legal authorization to coordinate your care with whoever is designated on the form. Release forms are often used to allow communication with physicians, psychiatrists, previous psychotherapists, school counselors, teachers, significant others, or family members. However, they can be written to authorize communication to anyone you believe would be beneficial. There typically are no fees associated with your Therapist communicating with the person designated on the release form, unless otherwise discussed ahead of time. The type of information to be shared will be discussed when you sign the form. Release forms can be revoked at any time in writing, which is effective as soon as the communication is received by your Therapist.

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At the behest of some insurance companies, your **Therapist requests that you grant permission** for your Therapist to communicate **with (a) your primary medical practitioner (PCP) and (b) other behavioral health specialists (e.g., psychiatrist)**. If you consent, please complete a "Release Form" for each provider. If you choose to complete the form(s), you may limit the type of information to be shared by selecting or skipping the options provided. When your Therapist can openly communicate with your psychiatric medication prescriber (if applicable), both treatments are often enhanced. However, you **may decline** to submit a "Release Form" for any reason without your treatment at The Clinic being limited under the vast majority of circumstances.

INSURANCE INFO SHARED: By using insurance and signing this document, you are authorizing the release of information necessary for transactions and assignment of benefits for claims (usually name, date of birth, date of service, procedure code, diagnosis codes, and subscriber's name and date of birth). The insurance company is not usually informed about the details of your diagnosis(es) or personal history. However, the insurance company reserves the right to audit your file (e.g., to investigate insurance fraud). Historically, insurance audits have been rare. If you are concerned about this, you may contact your insurance company, discuss it with your Therapist, and/or sign a form indicating that you are voluntarily choosing to pay privately. You may choose whatever option is best for you, but the vast majority of in-network clients use their insurance.

PUBLIC SPACES: Like many clinics, The Behavioral Change Clinic, PLLC is currently located in a building with several other businesses. In order to secure your attention, your name may be used in public areas (e.g., the waiting room and hallways); but your Therapist will not initiate conversations about your private information in these public spaces. If a manager or front desk staff of the building interact with you or your family, you may simply state that you are waiting to meet your Therapist, and they will respect your privacy. Likewise, The Clinic strongly requests that you respect other clients' privacy if you happen to see someone in a public area.

SOCIAL MEDIA POLICY: Social media interactions with your Therapist or The Clinic are prohibited. Social media does meet ethical and legal guidelines for confidentiality and privacy. Additionally, it introduces elements of multiple relationships (aka dual relationships), which can interfere with current and future assessment and treatment. Neither your Therapist nor The Clinic will accept or respond to messages or contact requests from current, former, or prospective clients (or family members) on any social networking sites (e.g., Facebook, LinkedIn). The Clinic encourages caution with allowing your social media websites and apps to upload your contacts lists, as you may accidentally send a friend/contact message or invite. If you have questions about this policy, please address them with your Therapist.

CONSUMER REVIEW SITES: Therapists and Staff of the Clinic will not solicit or request testimonials or consumer reviews. The Clinic does not have any ownership or relationship with review sites for professionals (e.g., Healthgrades, WebMD, Yelp). The Clinic discourages leaving consumer reviews online as it will likely compromise your confidentiality. Instead, you are strongly encouraged to attempt to resolve any complaints or concerns with your Therapist directly.

BUSINESS ASSOCIATES: The Clinic contracts with several third-party business associates for services. Current examples include website hosting; digital communication (i.e., email, phone, and fax); electronic health records (EHR); and credit card billing. A signed Business Associate Agreements (BAA) that is HIPAA compliant is obtained whenever PHI is involved (e.g., digital communication; EHR) and other privacy methods are secured for non-PHI business activities. These BAAs and other methods legally

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protect your personal and medical (mental and physical) information. Your information will never be sold for marketing purposes.

HIPAA RIGHTS: The Health Insurance Portability and Accountability Act (HIPAA) provides you with six fundamental rights. You have the right

1. to receive a notice about your privacy policies (i.e., this form);
2. to access the medical information The Clinic maintains about you;
3. to limit the uses and disclosure of medical information;
4. to request amendments to the medical record;
5. to revoke or limit authorization; and
6. to an accounting of disclosures of PHI.

Any requests to view or amend your records must be made in writing. A fee may be charged to cover expenses for copying, printing, mailing, or any other activities that require direct costs. Under limited circumstances, requests about your records can be denied. At your written request, the denial can be appealed and reviewed by an independent Therapist chosen by The Clinic. **You are strongly encouraged to attempt to resolve any complaints or concerns with your Therapist directly.** Concerns and dissatisfaction can be resolved verbally but all official complaints must be submitted in writing. If the situation cannot be resolved in a satisfactory manner, you may contact the HIPAA Privacy Officer at “Risk Management 2100 Pontiac Lake Road, Waterford, MI 48328, Phone: 248-858-1000” and ask to speak with the Rights Officer of the Day. **You will not be penalized or retaliated against for filing a complaint.** Additional guidance materials about your rights under HIPAA can be found on the website of the U.S. Department of Health & Human Services: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

RIGHT TO PAPER COPIES: If you make a written request, The Clinic will provide you with any signed documents that you have completed.

CHANGES TO THIS NOTICE & POLICIES: The Clinic reserves the right to revise and update the Privacy Notice and all other documentation. You will be updated of any changes to policies that substantially affect you. The Clinic will notify you and obtain your signature before implementing any changes to fees.