



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU CAN BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.** Please review it carefully. If you have any questions about this notice, please do not hesitate to contact your mental health therapist.

This notice describes our agency's practices and the authorization of its staff, including mental health therapist, psychiatrist, supported employment and education specialists and support staff to enter information into your chart.

### OUR PLEDGE REGARDING MEDICAL INFORMATION

Medical information about you and your mental health is personal and we are committed to protecting this information. We create a record of the services you receive at ETCH, LLC to provide you with quality care and to comply with certain legal requirements. This notice applies to all of your records generated by ETCH, LLC. This notice will tell you about how we may use and disclose medical information about you. We also describe your rights and obligations regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private,
- Give you this notice of our legal duties and privacy practices with respect to medical information about you, and
- Follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following describes different ways that we use and disclose medical information:

1. **For Treatment.** We use medical information about you to provide you with treatment and services. We will use information that we have regarding you and your care only with a signed release by you or your personal representative. We will discuss your treatment with your family only if you give us written permission to do so.
2. **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at ETCH, LLC may be billed to you and payment may be collected from an insurance company or third party. If you have managed care, we may be asked to inform your managed



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- care mental health provider about your treatment in order to receive authorization.
- 3. To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent the threat.
  - 4. Lawsuits, Law Enforcement, and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order or in response to a subpoena or other lawful process by someone else involved in the dispute, only if efforts have been made to tell you about the request or obtain an order protecting the information requested.

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we obtain about you:

1. The right to inspect and to copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. This will include billing records, but does not include psychotherapy notes.

You may submit your request in writing to ETCH, LLC. If you would like a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request.

2. Right to amend. If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by ETCH, LLC. You may put his request in writing and submit it to ETCH, LLC and provide a reason that supports your request.
3. Your right to know who receives medical information. You have the right to request an "Accounting of Disclosures." This is a list of where your medical information has been sent. You can request this list of disclosures by submitting a letter to ETCH, LLC.
4. Right to request restrictions. You have the right to place a limit on the medical information we use or disclose about you for treatment, payment, or to someone who is involved in your care or the payment of your care, such as a family member or friend.



**ETCH**  
EARLY TREATMENT  
& COGNITIVE HEALTH

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*We are not required to grant your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You must make your request in writing to ETCH, LLC and tell us (a) what information you wish to limit; (b) whether you want to limit our use, disclosure, or both; and (c) to whom you want the limits to apply.*

5. Right to request confidential communications. You have the right to request that we communicate with you about your situation in a certain way or at a certain location.
6. A right to a paper copy of this notice.