

## **FAMILY THERAPY CENTER OF MADISON, INC.**

700 Rayovac Drive, Suite 220  
Madison, WI 53711  
(608) 276-9191 ♦ Fax (608) 276-9144

### **NOTICE OF PRIVACY PRACTICES**

Effective: April 26, 2021

**This notice describes how medical/health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Family Therapy Center of Madison, Inc. (FTCM, Inc.) is committed to protecting the privacy of health information about you and the services you receive at Family Therapy Center of Madison, Inc. In instances where federal and state laws conflict, Wisconsin providers are to follow the regulation that provides the highest level of patient privacy and offers patients the greatest ease of access to their own records. Your privacy rights and our responsibilities are governed under provisions of state and federal laws including, but not limited to:

- Sec. 51.30 Wisconsin Statutes
- HFS 92, Wisconsin Administrative Code
- Health Insurance Portability/Accountability Act of 1996 (HIPAA), 45 Code of Federal Regulations, pts 160 & 164

Family Therapy Center of Madison, Inc. is required by law to:

- Maintain the privacy of your health information.
- Provide you with this notice of our duties and practices with respect to your health information.
- Abide by the terms of this notice.
- Notify you if there is a breach (an unauthorized release) of your protected health information.

#### **Written Authorization For Disclosure of Confidential Information**

In general, FTCM, Inc. must obtain your written authorization before giving anyone outside FTCM, Inc. information which identifies you as someone who has applied for or received services at FTCM, Inc., or before disclosing any personally identifiable information from your treatment record. This written consent may be on a form obtained from FTCM, Inc., or on a form obtained from another provider or other outside party. You may revoke any such authorization at any time, except to the extent that information has already been shared, by giving written notice to your FTCM, Inc. provider.

#### **Your Health Information Rights**

**You have the right to:**

- **Receive Confidential Communications:** You have the right to request that we communicate with you by alternative means or at an alternate location. For example, you may ask that we phone you at work rather than at home. We will try to accommodate reasonable requests.

- **Access Your Treatment Record:** You have the right to obtain a paper or electronic copy of your treatment record, except for specific documents where access is prohibited by law, such as information that would breach the confidentiality of another person. You may be charged a reasonable, cost-based fee. If you are currently in treatment, our preference is that you review your record with your therapist prior to obtaining a copy.
- **Amend Your Treatment Record:** You have the right to request a change to your treatment record if you believe information in the record is incorrect or incomplete. If your therapist disagrees with the requested change, you have the right to insert a statement in your treatment record disputing the accuracy or completeness of the information that was not changed.
- **Request Restrictions:** You have the right to ask that FTCM, Inc. not use or share your health information for treatment, payment or operations. FTCM, Inc. is not obligated to agree to your request in all cases, but will give every reasonable request careful consideration. For example, if you pay in full for your services and ask that we not submit a claim to your health insurance, we will honor that request.
- **Obtain an Accounting (a List) of Disclosures:** You have the right to a list of times when your health information was disclosed by FTCM, Inc. (except when the disclosure was for treatment, payment, or operations, or if you submitted written authorization for the disclosure). This list will include the date and reason of each disclosure and a brief description of the information disclosed. The first list is free; you may be charged a reasonable fee for any additional list you request within the same 12-month period.
- **Request a Paper Copy of This Notice:** If you receive this “Notice of Privacy Practices” electronically, you may request that FTCM, Inc. provide you with a paper copy.

### **Uses and Disclosures Required or Permitted WITHOUT Your Authorization**

*Information given will be limited to only the information that is needed to meet the purpose for the disclosure and/or to the extent provided for by law.*

#### **Within FTCM, Inc.**

Your health information may be shared among clinicians and staff of FTCM, Inc. for the purposes of treatment, payment and health care operations, **but only when there is a need to know the information.** Examples: Your clinician may give information about your immediate treatment needs to another FTCM, Inc. clinician who is providing coverage for urgent phone calls. Also, if you see more than one clinician at FTCM, Inc., the two clinicians may consult periodically to coordinate and plan your treatment. For payment and operations, office staff may need to know your address to send billing statements and your phone number to schedule appointments.

#### **Outside FTCM, Inc.**

**For a Serious Threat to Health or Safety:** As required or permitted by law and standards of ethical conduct, we may release your health information to the proper authorities and other involved individuals if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your health or safety, or to the health or safety of the public. Examples might include contacting law enforcement if you make a threat to harm yourself or another person, and sharing information with doctors who are providing emergency medical treatment to you in a hospital emergency room.

**For Payment:** If you have requested we do so, FTCM, Inc will submit a bill identifying you, your diagnosis and treatment to an insurer or other agency paying for your mental health services. We will obtain your signed permission to do this, usually at the start of your treatment. After that, we will continue to submit the necessary information to your insurance for each service you receive. If you no longer wish to have insurance claims filed on your behalf, please notify us.

**For Working with Business Associates:** Certain services (for example, a telephone answering service) are performed through contract with outside persons or organizations known as “Business Associates.” Your health information may be shared with Business Associates only as it is necessary to the service they provide for us. Business Associates must follow HIPAA privacy laws as well.

**For Judicial Proceedings:** FTCM, Inc may disclose information in response to a court order or other legal process, as required by law.

**For A Crime on Premises or Against FTCM, Inc Personnel:** In certain circumstances, FTCM, Inc may disclose limited information to law enforcement officers when a client commits or threatens to commit a crime (personal or property) at FTCM, Inc. or against FTCM, Inc. clinicians or office staff.

**For Health System Oversight Activities:** Certain information may be shared with governmental agencies that provide oversight as required by law, such as agencies that audit insurance claims or enforce privacy regulations.

**For Child and Elder Abuse:** Mental health professionals are required by law to report actual or suspected child or elder abuse to law enforcement or the county human services department.

**For Public Health:** If there is a risk to public health, in certain circumstances we might share your name and contact information with public health officials. For example, public health officials may ask FTCM, Inc. for names of certain clients in an effort to trace (and prevent) transmission of an infectious disease.

## **Complaints**

If you believe your privacy rights have been violated, please contact your FTCM, Inc. therapist or the FTCM, Inc. privacy officer at (608) 276-9191. We will respond in a timely fashion. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. FTCM, Inc. will not retaliate against you for filing a complaint.

### **For Further Information About This Notice, Contact:**

Jean Bae, MD, Privacy Officer  
Family Therapy Center of Madison, Inc.  
700 Rayovac Drive, Suite 220  
Madison WI 53711  
(Phone) 608-276-9191 ♦ (Fax) 608-276-9144

*FTCM, Inc must comply with the provisions of this notice, although we reserve the right to change our privacy practices and the terms of the notice and to make the revised notice effective for all protected health information maintained by FTCM, Inc. Any revised privacy notice will be posted on our website (ftcm.org), in our waiting rooms, and will be available upon request.*