

# Costa Therapy Services

PO Box 41335 ♦ Providence, RI 02940 ♦ (401) 400-2023  
costatherapyservices@gmail.com

## NOTICE OF PRIVACY PRACTICES

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

**Costa Therapy Services** is committed to maintaining the privacy of your protected health information (PHI.) PHI is individually identifiable information about your past, present or future health or condition, the delivery of your health care, or payment for your health care. This notice explains our obligations regarding this information, including how we keep your personal information private and when we may disclose your PHI. Any new notice of Privacy Practices will be effective for all PHI that we maintain at the time.

**Costa Therapy Services** will abide by all terms of this notice. Should there be any changes to this notice a copy will be posted in the office in a visible location and you will be provided a revised copy per request.

### **HOW YOUR PHI MAY BE USED OR DISCLOSED**

**Treatment:** Your PHI may be used for the purposes of coordinating or managing medical treatment, information or services. PHI may be used to determine appropriate treatment alternatives or to refer you to another agency that may need specific information for care. We may consult with other health care providers regarding your treatment in order to most effectively manage your case.

**Payment:** Your PHI may be used or shared with others for purposes of making payment for treatment and services that you have received. For example, a claim form that is sent to your insurance company by a treatment provider (e.g. clinician, hospital) that contains information that identifies you, your diagnosis and the treatment plan will be used to determine the payment owed to that provider. We make efforts to inform you of costs associated with services rendered, and may ask for payment approval from your health care plan prior to providing services. We may disclose PHI within this process to determine ensure your health plan will cover the cost of services, or for billing, claims management or collections. We may disclose PHI to insurance companies providing you with secondary coverage.

**Health Care Operations:** **Costa Therapy Services** may use and share your PHI for operational purposes. For example, our medical and quality improvement staff may use your PHI to assess the quality of care and outcomes in your case. We may utilize your PHI to provide training for students, clinicians or other professional personnel.

**Appointments:** Unless you object, we may use your PHI to provide appointment reminders, information about treatment alternatives and other health- related benefits. We may call you by name in the waiting room when your clinician is ready to see you.

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

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**Persons Involved in Your Care:** We may disclose your PHI to persons involved in your care, such as a family member, friend or personal representative (someone with legal authority to act on your behalf), in an emergency, when you are incapacitated or when permitted by law.

**Public Health:** We may use and share your PHI with public health authorities to prevent or control disease, injury or disability or for other health oversight activities.

**Required by Law:** We may use and share your PHI as required by law. For example, we may disclose information for subpoenas, discover requests or other legal proceedings including for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence;
- To assist law enforcement officials in their law enforcement duties; and
- To the US Department of Health and Human Services for the purposes of determining whether **Costa Therapy Services** is in compliance with federal privacy laws.

**Workers Compensation:** Your PHI may be used or disclosed in order to comply with laws and regulations related to Workers Compensation. If use or disclosures described above are prohibited or materially limited by other laws, disclosure must reflect the more stringent law.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose PHI about you in situations when it may be necessary to prevent a threat to the health and/or safety of a person or the public. The disclosure will be made in limited circumstances and only to a person who may assist in preventing the threat.

**Specialized Government Functions:** Under certain circumstances we may disclose your PHI to determine eligibility of veteran's benefits, for intelligence activities, or to provide protective services.

## **OTHER USES AND DISCLOSURES OF PHI THAT REQUIRE YOUR AUTHORIZATION**

Other uses or disclosures of your PHI may only be made with your written authorization. You may revoke this authorization at any time by submitting a written request to our office. The revocation will become effective on the date it is received by the office. The revocation will be effective for all information except to the extent for which action has already been taken.

## **YOUR RIGHTS REGARDING PHI ABOUT YOU**

Under federal law, you have rights regarding your PHI:

**Obtain a paper copy of this Notice of Privacy Practices upon request:** You may request a paper copy of this notice at any time throughout your treatment.

**Request additional restrictions of certain uses and disclosures of your information:** Please specify the restriction requested and to whom you want the restriction to apply. We must consider your request

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but are not required to agree upon the requested restriction. To request a restriction please write to Costa Therapy Services and include the information you would like to restrict and to whom this restriction applies.

**Inspect and obtain a copy of your health record as long as we maintain it:** You have a right to request to inspect and copy PHI that is maintained about you. We may deny or limit this request only under specific conditions, which will be provided to you in writing. We will explain to you the process by which you make have the denial reviewed. We may instate a reasonable fee for the copying, postage and supplies used in providing your documentation.

**Amend your health record, depending upon the circumstances:** Should you determine your record is incorrect, you may request we amend the information as long as it is maintained by our office. Please submit your request in writing to Costa Therapy Services office. We have the right to deny this request.

**Request communications of your PHI by alternative means or at alternative locations:** We are required to comply with reasonable requests to communicate regarding your PHI in a certain manner or at a certain location. You may make this request in writing to Costa Therapy Services.

**Receive an accounting of disclosures made of your PHI not related to payment, treatment or operations:** You may request a list of disclosures made regarding your PHI. This list will not contain disclosures made to you, to others for which you signed authorizations for the release of information to or for situations in which we are not required to keep a record of disclosures for.

### **HOW Costa Therapy Services PROTECTS YOUR PHI**

We only allow access to information to those people who need to see it to do their work for us. We require that anyone who needs to see personal information sign a confidentiality agreement. We have physical, electronic and procedural security systems in place to keep your personal information safe.

Costa Therapy Services is required to:

- Maintain the privacy of your PHI.
- Provide you with this notice and our legal duties and privacy practices with respect to your PHI.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed.
- Accommodate reasonable requests to communicate PHI by alternative means or to alternative locations.
- Obtain your written authorization to use or disclose your PHI for reasons other than those listed above and permitted under law.
- Breach Notification: If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

### **COMPLAINTS OR QUESTIONS**

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Should you have any questions regarding our Privacy Practices or your rights please contact the office directly at (401) 400-2023. If you believe your privacy rights have been violated, you may file a complaint with Costa Therapy Services. You also have the right to contact the Secretary of the United States Department of Health and Human Services with your complaint. You will not be retaliated against for filing a complaint.

### **OFFICIAL CONTACT INFORMATION**

Costa Therapy Services  
Cristina Costa, LICSW  
PO Box 41335  
Providence, RI 02940

### **CLIENT RIGHTS AND RESPONSIBILITIES**

#### **I. Client Rights**

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As a client with **Costa Therapy Services** you have important legal rights including those listed below. Any limitations to these rights permitted or required by law, will be outlined. If you are a minor or have a court appointed legal guardian, your rights may be exercised by your parent or legal guardian on your behalf. We may help you understand these rights at any time during the treatment process.

- You have the right to be treated with dignity and respect without discrimination based on race, religion, marital status, gender, age, national origin, ethnicity, sexual orientation, disability or political affiliation.
- You have the right to be informed regarding the process of treatment and to take part in the creation of your treatment plan.
- You have the right to be informed of the cost of services as soon as information is available.
- You have the right to be provided treatment in a safe, judgment free environment, free from abuse, neglect coercion, humiliation or violation of your basic human rights.
- You have the right to authorize, or refuse to authorize family members to take part in your treatment.
- You have the right to file a formal complaint.
- You have the right to review your medical records when appropriate, with a clinician, upon written request.
- You have the right to be referred to an alternative treatment center should **Costa Therapy Services** be unable to provide competent or appropriate treatment.
- You have the right to be informed of cost of services proposed.
- You have the right to contact your insurance company for information on copays and/or terms and conditions.
- You have the right to know the use and disclosure of your personal health information (PHI) and to authorize certain uses and disclosures of this information.
  
- You have the right to privacy and confidentiality regarding your identity, diagnosis, prognosis and treatment as outlined by federal and state law. With the following exceptions, information will not be released without your written consent, or for minors, that of a parent or legal guardian. The following are exceptions as outlined:

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1. **Costa Therapy Services Center** must comply with court orders and/or subpoenas.
2. **Costa Therapy Services** must comply with mandatory reporting laws including:
  - ☐ To child protective services in any situation in which there is suspected child abuse or neglect.
  - ☐ To law enforcement and the intended victim of any situation in which there is threat of serious, imminent and foreseeable harm to another person.
  - ☐ To an appropriate emergency medical person in any situation in which there is suspect you will harm yourself.
  - ☐ To law enforcement and the Department of Elderly affairs in any situation in which there is suspected elder abuse or neglect.

### **II. Client Responsibilities**

- You are responsible to take part in the creation of your treatment plan.
- You are responsible to attend all scheduled appointments, or provide 24 hours notice prior to cancellation.
- You are responsible to attend all appointments in an alcohol and drug free condition.
- You are responsible to pay any and all copays, session fees, missed/cancelled appointment fees, and any other fees agreed upon.

**The effective date of this Notice is January 1, 2020.**