

Milford Counseling Inc.

Client ID: _____

know your RIGHTS

YOUR PROGRAM RIGHTS ADVISOR

Rhett Reader
Business Director
Case Manager

MILFORD COUNSELING INC.
Licensed Outpatient Therapy Clinic

238 N. Main St.
Room 208
Milford, MI 48381

Office: 248-390-5791
Cell: 248-842-8414
Fax: 866-751-5494
Email: RhettReader@yahoo.com

For additional information or to obtain forms to initiate a complaint, contact your local Substance Abuse Coordinating Agency at:

Michigan Department
of Community Health



Jennifer M. Granholm, Governor
Janet Olszewski, Director

MDCH is an Equal Opportunity Employer. Services and Programs Available
Revised 1/07

WHAT YOU CAN DO:

Talk to your program rights advisor. Maybe together you can find a simple solution to your complaint.

If that doesn't work, you can fill out a formal complaint. Your rights advisor has complaint forms.

After you give your complaint to your rights advisor, the complaint will be investigated. You will get a written answer to your complaint within 30 working days.

If you don't accept the written answer to your complaint, you have 15 working days to file an appeal to the regional rights consultant. Your rights advisor will provide you with appeal forms or you can send for one by writing to the address on the back of this brochure.

Within 30 working days, the regional rights consultant will give you a written answer to your appeal.

If you don't agree with the written answer to your appeal, you can file another appeal to the state rights coordinator.

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YOUR RIGHTS

We are dedicated to providing you with quality services. We also believe that as someone who is receiving services from our program, you should know your rights. You should know how to make a complaint if you believe any of your rights have been violated.

YOU HAVE THE RIGHT TO KNOW:

- How much our services cost, and how much you must pay
- When violation of program rules could lead to your discharge
- All about any drugs that are used in your treatment
- If you, or information about you, will be used in any research or experiments

YOU HAVE THE RIGHT TO:

- All civil rights guaranteed by state and federal law
- Suggest changes in our services
- Expect us to look into your complaints
- Help make up your own treatment plan
- Refuse our services and be told what will happen if you do
- Talk with your own doctor or lawyer
- Obtain a copy or summary of your client record unless the program director recommends otherwise

YOU HAVE THE RIGHT TO EXPECT THAT PROGRAM STAFF WILL NOT:

- Abuse and neglect you
- Give out information about you without your permission
- Require you to be part of any research if you don't want to

AND:

If you are in a hospital, halfway house, or other live-in setting, you have some additional rights.

All of these rights have some special limits. Check with your program rights advisor for further details. These additional rights include the right to:

- Know all the rules about having visitors
- Not be restrained - physically or by drugs, unless authorized by a physician
- Refuse to do work for us unless the work is part of your treatment plan
- Have space to put your personal belongings
- Keep your own money

If you want to know more about your rights, please read the recipient rights poster in the lobby or ask the program rights advisor for a more complete list of your rights.

YOUR RESPONSIBILITIES:

- You are responsible for payment of your bill.
- You are responsible for knowing if your insurance company will pay for part or all of your bill.
- You are responsible for providing clear and accurate information about yourself.
- You are responsible for following rules of our program.
- You are responsible for being considerate of the rights of others who are recipients of services or our staff.

YOU AND YOUR RIGHTS ADVISOR

If you think your rights have been violated at our program, please talk to your rights advisor. This person is interested in listening to your complaint and helping you find a solution.

Your rights advisor's name and phone number are on the back of this brochure. Please contact your rights advisor if you believe your rights have been violated.

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NOTICE OF PRIVACY PRACTICES

YOUR RIGHTS

Under HIPAA you have the right to request restrictions on certain issues and disclosures of your health information. However, the agency is not required to agree to a restriction at your request. You have the right to request that we not contact you by alternative means or at an alternative location. Such requests that are deemed reasonable will be honored and will not require any explanation on your part. Under HIPAA you also have the right to inspect and copy your own health information maintained by this agency/program, except to the extent that the information contains progress notes or information compiled for use in civil, criminal or administrative proceedings in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information contained in your records, and to request or receive an accounting of disclosures of your health information made by the agency/program for the last six (6) years, but not prior to April 14, 2003. You also have the right to receive a paper copy of this notice.

PROVIDER'S DUTIES AND RESPONSIBILITIES

Milford Counseling Inc. is required by law to maintain the privacy of your health information and to provide you with notice of the legal duties and privacy practices with respect to your health information. We are required by law to abide by the terms of this notice. *Milford Counseling Inc.* reserves the right to change the terms of this notice and to make new notice provisions, effective for all protected health information that we maintain. If any of these policies or procedures is revised, you will be provided with a revised notice.

COMPLAINTS AND REPORTING VIOLATIONS

If you have any questions about this notice, or disagree with a decision made about access to your records, or other concerns about privacy practices please see your Recipient Rights form and contact your recipient rights advisor. You will never be retaliated against because of exercising your right to file a complaint. Violation of the Confidentiality Law by a program is a crime.

Your Program Rights Advisor is: **Rhett Reader LMSW, CADC** and he may be reached at **248-842-8414 or 248-529-6383**.

Email: rhettreader@gmail.com

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW OUTPATIENT MEDICAL, PSYCHOLOGICAL, DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GENERAL INFORMATION

Information regarding your health care, including payment for health care, is protected by two (2) Federal Laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. Sec. 1320d et seq., 45 C.F.R. Parts 160, & 164, and the Confidentiality Law, 42 U.S.C. Sec. 290dd-2, 42 C.F.R. Part 2. Under these laws *Milford Counseling Inc.* may not say to any person outside of this agency that you attend the program, nor disclose any information identifying you as an alcohol or drug abuser, or disclose other protected information except as permitted by Federal Law. As required by HIPAA, which went into effect on April 14, 2003, *Milford Counseling Inc.* has prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Milford Counseling Inc. may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations with your consent.

Treatment is defined as providing, coordinating, or managing health care and related services by one or more health care providers.

Payment is defined as such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization reviews. An example of this would be sending a bill for your visit to an insurance company, or depositing your personal checks.

Health care operations is defined as activities that related to the performance and operation of this agency/program. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management, and care coordination.

Federal Law does permit me to disclose information **without your written permission** under the following circumstances:

- 1) Pursuant to an agreement with a business associate, i.e. Employee Assistance Program (EAP)
- 2) DOT Rules and Regulations regarding treatment and evaluations with others within DOT parameters i.e. MRO, Treatment, SAP, and DER.
- 3) For research, audits, or evaluations
- 4) To report a crime against personnel committed on the premises
- 5) To medical personnel in case of a medical emergency
- 6) As allowed by a Court Order
- 7) Serious Threat to Health or Safety- **Duty to Warn** if it is believed that there is an imminent risk that you will conflict serious physical harm to yourself or others. Personal information may be disclosed to protect you and others
- 8) To appropriate authorities to report suspected child abuse or neglect, adult and domestic abuse.

Before information can be disclosed about you health in a manner that is not described above, a written authorization specifically outlining who the information is to be released to must be executed. This authorization must be obtained before your "Progress Notes," can be released or updates of progress to Probation or other overseeing agency. Progress notes are the notes made regarding the conversations that occur in individual, group, conjoint, family, or lecture sessions. You may revoke such authorizations at any time in writing. You may not revoke an authorization to the extent that: 1) we have relied on the authorization or 2) if the authorization was obtained as a condition of obtaining insurance coverage or 3) it is a criminal release for coordination of services with probation, courts, or parole.

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Confidentiality of Alcohol and Drug Abuse Patient Information

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, unless:

1. The patient consents in writing; OR
2. The disclosure is allowed by a court order; OR
3. The disclosure is made to medical personnel in a medical emergency or to a qualified personnel for research, audit, or program evaluation; OR
4. The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(see 42 U.S.C. Sec. 290dd-2 for federal law and 42 C.F.R. Part 2 for federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records.)