

## Notice of Privacy Practices



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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

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### **LEGAL DUTY:**

We are required by applicable Federal and State Law to maintain the privacy of health information. We are also required to give you this Notice about our privacy practices, legal duties, and your rights concerning your health information. We must follow the Notice of Privacy Practices that are described in this Notice while it is in effect. This Notice takes effect 4/13/2003, and will remain in effect until we are required to replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by the applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for private health information that we maintain, including health information created or received before we made the changes. Before we can make any significant changes in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Privacy Practice Notice, please contact us using the information listed at the end of this Notice.

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### **USES AND DISCLOSURES OF HEALTH INFORMATION:**

We reserve the right to use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use and disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services provided to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence and qualifications of healthcare professionals, evaluating practitioner and provider performances, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any Notice of Privacy Practices

time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us written authorization, we cannot disclose health information for any reason except those described in this Notice.

**To Your Family & Friends:** We must disclose your health information to you, as described in the Patients' Rights section of this Notice. We may disclose your health information to a family member, friend, or another person to the extent necessary to help with healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to the use or disclosure of health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are asked to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized Federal officials health information required for lawful intelligences, counter intelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having custody of protected health information of inmate patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders such as voicemail messages. If you prefer an alternate method of contacting you about appointments, etc., please advise your Therapist in writing.

**CLIENT RIGHTS:**

**ACCESS:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at

the end of this Notice. We reserve the right to charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, the first set will be free, however, we reserve the right to charge you Notice of Privacy Practices

for any extra copies, and postage if you want the copies mailed to you. If you request an alternate format, we reserve the right to charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

**RESTRICTIONS:** You have the right to request that we place additional restriction on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do so, we will abide by our agreement (except in emergency situations).

**ALTERNATE COMMUNICATION:** You have the right to request that we communicate with you about your health information by alternate means or to alternate locations. Example: Cell Phones or Answering Machines may not be secure ways of communication. If you want to choose an alternate method, you must do so in writing.

#### **QUESTIONS & COMPLAINTS:**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to restrict the use or disclosures of your health information or to have us communicate with you by alternate means or at alternate locations, you may file a grievance to us using the contact information listed at the end of this Notice. You may also submit in written complaints to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon your request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

#### **CONTACT PERSON:**

Almeta McGlothlin, LCSW  
Telephone: (606) 485-4673  
Fax: (606) 485-4600  
E-Mail: [hopenmentalhealthllc@gmail.com](mailto:hopenmentalhealthllc@gmail.com)  
Address: 411 Crab Orchard Road  
Somerset, KY 42503

*"Helping Other People Excel"*



## **Cancellation, Late Arrival, and No Show Policy**

### **Purpose:**

Hope Mental Health LLC (HMH) schedules appointments for clients in a manner that provides for maximum accessibility to essential services for all clients. To maximize the quality and availability of services and to support HMH's motto of "*Helping Other People Excel*", it is necessary to minimize the negative impact on the appointment schedule by clients who repeatedly fail to show up for scheduled appointments.

### **Scope:**

When an appointment is scheduled, a therapist's time is reserved for a specific client for the duration of the scheduled appointment time. HMH has the expectation that clients arrive on time for scheduled appointments or call and cancel appointments at least 24 hours prior to the scheduled appointment time if the client will be unable to make the appointment. When clients neglect to show up for appointments or are a late cancellation, the therapist is left with a gap in their schedule that could have been spent serving another client. To maintain an efficient, effective practice, measures need to be taken to minimize schedule disruptions. Clients who are habitually late, cancel, or do not show up for appointments may be subject to discharge.

### **Guidelines:**

#### **Cancellations:**

1. If it is necessary to cancel an appointment, clients are required to call at least 24 hours prior to their scheduled appointment time. Clients who cancel within the required cancellation period will be offered a new appointment time.
2. Clients that cancel an appointment less than 24 hours prior to the scheduled appointment are considered late cancellations. Clients who have a late cancellation will be offered an appointment the same day if an open appointment is available. If no open appointment is available for the same day, the client will be placed on a "Cancellation List" (see below). A client who repeatedly has late cancellations should be verbally informed by their therapist, that if they are unable to make an appointment, it is the client's responsibility to cancel an appointment at least 24 hours prior to the scheduled appointment time unless an emergency exists. Clients who persist in canceling appointments less than 24 hours prior to the scheduled appointment time may be subject to discharge.

#### **Late Arrivals:**

A client who arrives 15 minutes or more after their scheduled appointment time is considered a late arrival. Clients who are late arrivals may be accommodated if the assigned therapist's schedule permits. If the late arrival will negatively impact the therapist's other scheduled appointments, the client that arrived late will be offered an appointment the same day if an open appointment is available. If no open appointment is available for the same day, the client will be placed on a "Cancellation List" (see below). The therapist should provide a verbal explanation of the need for arriving on time and the



### **Cancellation, Late Arrival, and No Show Policy**

possible impact on the client's progress. Clients who persist in arriving 15 minutes or more after their scheduled appoint time may be subject to discharge.

#### **No Shows:**

A client is considered a no show if the client does not call or show up for a scheduled appointment. Clients who no show an appointment will be placed on a "Cancellation List" (see below).

The following guidelines should be followed for clients who are a no shows for their appointments:

1. The first documented missed appointment should result in a wellness check call by the therapist to the client.
2. If a client misses an additional appointment without notice, a verbal warning reminding the client of the policy of 3 no shows or call may result in possible discharge.
3. If a client misses a third appointment, a letter will be sent to the client unless they respond within 7 days. If no response is received within this time, the client will be discharged.

#### **Emergency:**

Emergency situations causing late cancellation, late arrival, or no show of an appointment will be evaluated on a case by case basis.

#### **Cancellation List:**

A Cancellation List will be maintained by the front desk. Any client may be placed on a Cancellation List at their request. Clients who have had a late cancellation, late arrival, or have been a no show for a previously scheduled appointment will automatically be placed on the cancellation list.

When appointments are cancelled, the front desk will call the first client on the Cancellation List and offer the appointment slot to this client. If this client is unable to make the offered appointment, this client will be moved to the end of the Cancellation List and the next client on the list will be offered the appointment slot.

#### **Reoccurring Appointments:**

Any client who has had 2 or more late cancellation, late arrival, or no show appointments within a 3 month period will no longer be eligible to schedule reoccurring appointments. Any reoccurring appointments already scheduled will be removed from the therapist's schedule.

#### **Approval of the No Show Appointment Policy:**

The no show appointment policy will be evaluated and revised annually.



### COMPLAINT/GRIEVANCE FORM

If you are not satisfied with your experiences here, we want to hear from you so that we can provide our services to you in ways that we both find satisfactory.

If you have a problem with anything about our practice, first speak with one of our staff. If the problem is with your insurance, bills, or payment, talk to our billing clerk. If the problem is with your therapy, talk to your Therapist. If you believe there has been some kind of violation of the confidentiality or the privacy of your records, speak to the Privacy/Safety Officer, Almeta McGlothlin and let us clarify and fix the situation.

If you are not satisfied, or the problem still continues, please fill out this simple form and I assure you it will be investigated. We will try our best to fix it, and to repair any damage if any that has been done. Also, I promise you that we will not in any way limit your care here or take any actions against you if you bring a problem to our attention: ALMETA MCGLOTHLIN, PRESIDENT

**Note: You do not have to sign this form if you do not want to. Thank you.**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Client's Address: \_\_\_\_\_

What is or was the problem? \_\_\_\_\_

\_\_\_\_\_

What would you like to see done about this problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of client or his/her legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client or legal guardian

\_\_\_\_\_  
Relationship to client

\_\_\_\_\_  
Description of legal guardian's authority

**Note: A response must be made to the client within 5 business days from when you, the Privacy/Safety Officer receive this form.**

\_\_\_\_\_  
Privacy/Safety Officer

\_\_\_\_\_  
Date

*"Helping Other People Excel"*

## WHAT YOU SHOULD KNOW ABOUT HIV & AIDS

### WHAT IS AIDS?

AIDS is the Acquired Immune Deficiency Syndrome – a serious illness that makes the body unable to fight infection. A person with AIDS is susceptible to certain infections and cancers. When a person with AIDS cannot fight off infections, this person becomes ill. These infections can eventually kill a person with AIDS.

### WHAT CAUSES AIDS?

The human immunodeficiency virus (HIV) causes AIDS. Early diagnosis of HIV infection is important! If you have been told that you have HIV, you should get prompt medical treatment. In many cases, early treatment can enhance a person's ability to remain healthy as long as possible. Free or reduced cost anonymous and confidential testing with counseling is available at every local health department in Kentucky. After being infected with HIV, it takes between two weeks to three months before the test can detect antibodies to the virus.

### HOW IS THE HIV VIRUS SPREAD?

- \* Sexual contact (oral, anal, or vaginal intercourse) with an infected person when blood, pre-ejaculation fluid, semen, rectal fluids or cervical/vaginal secretions are exchanged.
- \* Sharing syringes, needles, cotton, cookers and other drug injecting equipment with someone who is infected.
- \* Receiving contaminated blood or blood products (very unlikely now because blood used in transfusions has been tested for HIV antibodies since March 1985).
- \* An infected mother passing HIV to her unborn child before or during childbirth, and through breast feeding.
- \* Receipt of transplant, tissue/organs, or artificial insemination from an infected donor.
- \* Needle stick or other sharps injury in a health care setting involving an infected person. Infections can sometimes be prevented by taking post-exposure prophylaxis anti-retroviral drugs. Strict adherence to universal precautions is the best way to prevent exposures.

### YOU CANNOT GET HIV THROUGH CASUAL CONTACT SUCH AS:

- \* Sharing food, utensils, or plates
- \* Touching someone who is infected with HIV
- \* Hugging or shaking hands
- \* Donating blood or plasma (this has NEVER been a risk for contracting HIV)
- \* Using public rest rooms or tanning beds
- \* Being bitten by mosquitoes or other insects

### HOW CAN I PREVENT HIV/AIDS?

- \* Do not share needles or other drug paraphernalia. If you inject drugs, go to a syringe exchange program.
- \* Do not have sexual intercourse except with a monogamous partner whom you know is not infected and who is not sharing needles. If you choose to have sex with anyone else, use latex condoms (rubbers), female condoms or dental dams, and water based lubricants every time you have sex.
- \* Educate yourself and others about HIV infection and AIDS.
- \* Consider using PrEP (Pre-Exposure Prophylaxis) – medication that prevents HIV infection.

### PREGNANCY AND HIV/AIDS

- \* Mothers can pass HIV infection to their babies during pregnancy, labor and delivery, and by the child ingesting infected breast milk.
- \* Without treatment, about 25% (1 out of 4) of the babies born to HIV infected women will get HIV.
- \* Medical treatment for the HIV infected woman during pregnancy, labor, and delivery can reduce the chance of the baby getting HIV from its mother to less than 2% (less than 2 out of 100).
- \* An HIV infected mother should not breastfeed her newborn baby.

### WHAT IS UNSAFE SEX?

- \* Vaginal, anal, or oral sex without using a condom or dental dam
- \* Sharing sex toys
- \* Contact with HIV infected blood, pre-ejaculation fluid, semen, rectal fluids or cervical/vaginal secretions

## **WHAT IS "SAFER" SEX?**

- \* Abstinence (not having sex of any kind)
- \* Sex only with a person who does not have HIV, does not practice unsafe sex, or inject drugs
- \* Using either a male or female condom or dental dam (for oral sex)

### **How to use a latex condom:**

1. Use a new latex condom every time you have sex.
2. The condom should be rolled onto the erect (hard) penis, pinching ½ inch at the tip of the condom to hold the ejaculation (semen) fluid. Air bubbles should be smoothed out.
3. Use plenty of WATER-BASED lubricants such as K-Y Jelly, including a drop or two inside the condom, before and during intercourse. DO NOT USE oil-based lubricants such as petroleum jelly, mineral oil, vegetable oil, Crisco, or cold cream.
4. After ejaculating, withdraw the penis holding the condom at the base so it will not slip off.
5. Throw away the used condom into a garbage can and wash hands.

**Remember: You can't tell whether or not someone has HIV just by looking at them!**

## **IS TREATMENT AVAILABLE IF I ALREADY HAVE HIV/AIDS?**

After being infected with HIV, it takes between two weeks to six months before antibody tests can detect HIV. Early diagnosis of HIV infection is important! If you have HIV, you should get prompt medical treatment. In many cases, early treatment can enhance a person's ability to remain healthy as long as possible. Your doctor will help you determine the best treatment.

### **GETTING TESTED FOR HIV:**

If you have never been tested for HIV, you should be tested at least once. Free anonymous and confidential rapid antibody testing and counseling are available at every health department in Kentucky. Centers for Disease Control and Prevention (CDC) recommends being tested at least once a year if you do things that can transmit HIV. These include:

- \* Injecting drugs or steroids with used injection equipment
- \* Having sex with someone who has HIV or any sexually transmitted disease (STD)
- \* Having more than one sex partner since your last HIV test
- \* Having a sex partner who has had other sex partners since your last HIV test
- \* Having sex for money or drugs (prostitution- male or female)
- \* Having unprotected sex or sex with someone who has had unprotected sex
- \* Having sex with injecting drug user(s)
- \* Having had a blood transfusion between 1978 and 1985
- \* Pregnant women or women desiring to become pregnant

**This agency provide quality services to all patients, regardless of HIV status.**

IF YOU NEED MORE INFORMATION CALL:  
Kentucky HIV/AIDS Program 502-564-6539  
The National AIDS Hotline 1-800-342-AIDS  
Your local health department's HIV/AIDS Coordinator



KentuckyPublicHealth  
Prevent. Promote. Protect.

CHFS- EPI  
01/2015



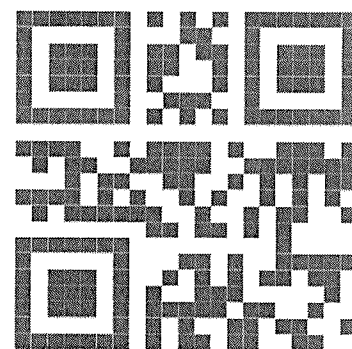
Find the Help You Need

# KARES

KENTUCKY AREA RESOURCES

**An online list of resources  
and services in Pulaski County  
that can help you quickly  
locate and contact  
organizations dedicated to  
helping.**

- Career Training
- Health Care
- Schools and Family Resources
- Government Assistance
- Transportation
- Housing
- Child Care
- Food Needs
- Clothing
- Substance Abuse
- Faith Based
- Community Resources
- Mental, Drug, Alcohol Treatment  
and more...



[WWW.KARES.US](http://WWW.KARES.US)

