



Notice of Privacy Statement

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE NOTICE CAREFULLY.

Sebastian Family Psychology Practice, LLC (SFFP, LLC) must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practice concerning your health information. We understand that information about you and your health is personal. This “Notice of Privacy Statement” defines and limits the circumstances in which your protected health information may be used or disclosed by this clinic. It also describes your rights and certain obligations we have regarding the use and disclosure of your personal health information. We may not use or disclose protected health information, except either 1) as this “Notice of Privacy Statement” permits; or 2) as the client or individual who is the subject of the information authorizes in writing. In general, no information about your treatment will be released without your written consent. However, there are exceptions.

As required by Law and Ethical Conduct, your confidentially may be disclosed without your written authorization for the following reasons:

1. **CHILD ABUSE, SEXUAL ABUSE, and ELDERLY ABUSE:** As required by law, suspicion of child abuse, sexual abuse, or elderly abuse must be reported to the appropriate authorities.
2. **HARM TO SELF OR OTHERS:** As required by law, health information may be release to the proper authorities if, we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public health/safety of others.
3. **MANDATED BY COURT:** As required by law, under the order of the court, certain information may be demanded for release.

Your health information may also be disclosed for the following purposes. Under any circumstance, we will use or disclose only the minimum amount of information necessary from your records to accomplish the intended purpose of the disclosure.

1. **TREATMENT STAFF (AT SFFP, LLC):** SFFP, LLC will only use information in your health record for treatment purposes and to improve the quality of care that we deliver to you or your family members. In order to determine which treatment option best addresses your health needs, we may need to communicate and share your health information among our treatment staff. Our treatment staff includes Psychiatrists, Psychologists, Therapists, and Therapist in Training (graduate interns), Case Aids, Parenting Assistants, Case Managers, and Interpreters/Translators.
2. **TREATMENT STAFF (OUTSIDE OF SFFP, LLC):** We may disclose health information to outside treatment staff, such as your doctors (physicians), nurses, technicians, medical students, or other hospital personnel to ensure proper medical care to you.
3. **TREATMENT PAYMENT:** In order for an insurance company, government benefit programs, or appropriate payers to pay for your treatment, we may be required to disclose your health information to these entities as required by their policies.
4. **COLLABORATING AGENCIES:** There are some services that our clinic provides that are contracted through collaborating agencies. Examples include Wraparound, Wiser Choice, Bureau of Child Welfare, Refugee Resettlement Services, etc. These agencies may require claims or certain forms to be submitted. In the submission process, we may disclose your information to these collaborating agencies as required by their policies.
5. **MINOR:** If you (client) are under 12 years of age, your health information may be disclosed to your parents or legal guardians. If you are 12 years of age and under 18 years of age, your health information may be disclosed to your parents or legal guardians with your consent.
6. **FOR PUBLIC HEALTH ACTIVITIES:** We may be required to report your health information (ie. HIV status) to appropriate individuals or authorities to help prevent or control disease, injury, or disability. If you are engaging in

behaviors that are believed to be of significant harm or danger to self or others, your therapist will help you discuss these issues to ensure that the appropriate individuals or facilities are informed.

7. **FOR NATIONAL SECURITY OR INCARCERATION/LAW ENFORCEMENT CUSTODY:** If you are involved with the national security or you are in the custody of law enforcement or an inmate in a correctional institution, we may be required to disclose your health information to the proper authorities as required by their policies.
8. **FOR WORKERS' COMPENSATION:** We may disclose your health information to comply with the laws related to Worker's Compensation or other similar programs. These programs may provide benefits for work-related situations.
9. **EMERGENCY SITUATIONS:** We may use or disclose your health information in medical emergency situations. If the situation is life threatening and we are unable to obtain your consent, we may disclose your protected health information to ensure appropriate treatment or to prevent injuries to you.
10. **APPOINTMENT REMINDER:** We may use and disclose your health information to contact you as a reminder that you have an appointment with our clinic. Please notify the clinic if you do not wish to receive phone calls at home.

YOUR HEALTH INFORMATION PRIVACY RIGHTS

You have several rights with regards to your health information. If you wish to exercise any of the following rights, please contact your right specialist or the clinic.

1. **INSPECT AND COPY YOUR HEALTH INFORMATION:** With a few exceptions, you have the right to inspect and obtain copies of your health information given appropriate time and fees. This right does not apply to psychotherapy notes or information gathered for judicial proceedings.
2. **REQUEST TO CORRECT YOUR HEALTH INFORMATION:** If you believe your health information is incorrect, you may ask us to correct the information. You will be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we disagree with you and believe that your health information is accurate, we may deny your request or keep our current record along with your correction request.
3. **REQUEST RESTRICTION ON CERTAIN USES AND DISCLOSURES:** You have the right to ask for restrictions on how your health information is disclosed. You may want to limit the health information provided to family members, friends, treatment staff, or collaborating agencies involved in your care. In all circumstances, we will collaborate to ensure your privacy is maintained as much as possible or allowed.
4. **RECEIVE CONFIDENTIAL COMMUNICATION AS APPLICABLE:** You have the right to ask that we communicate your health information to you in different ways or places for proper protection of your health information. We must accommodate reasonable request.
5. **REQUEST WHERE YOUR HEALTH INFORMATION IS BEING DISCLOSED TO:** You have the right to ask for a list of the individuals/facilities in which your health information have been disclosed to during the previous six years.
6. **COMPLAINT/GRIEVANCE:** If you believe that your privacy rights have been violated, you may file a complaint with your right specialist and/or with the Federal Department of Health and Human Services.
7. **OBTAIN A PAPER COPY OF THE AUTHORIZED DISCLOSURE FORM:** Except for the situations listed above, we must obtain your written authorization for any other release of your health information. You must be given a paper copy of all authorized disclosure forms. You may deny copies of the authorized disclosure forms at your request.

We reserve the right to change the privacy statement described in this notice. Changes to our privacy statement would apply to all health information we maintain. If we change our privacy statement, you will be given a revised copy.

If you would like to exercise any of these rights, please contact your right specialist:

Lee R. Beitzel

229 E. Wisconsin Ave, Suite 500
Milwaukee, WI 53202
(414) 224-3737 ext. 200

Client Rights, Responsibilities & Grievance Resolution Procedure

At Sebastian Family Psychology Practice, LLC, we value you and your loved one as an integral part of the behavioral health team. We want all clients and their families to know about the following patient rights, responsibilities, and grievance resolution procedures as required by law and the standard of practice. These rights and responsibilities are designed to help assure safe and effective delivery of behavioral health care at Sebastian Family Psychology Practice, LLC.

Client Rights

You have the right:

1. To be informed of this clinic's policy regarding patient rights, responsibilities, and grievance resolution procedures.
2. To receive treatment which values you without regard to your race, creed, color, language, national origin, religion, gender, lifestyle preference, disability or source of payment.
3. To be treated with respect, and recognition of your individuality and personal needs.
4. To regard respectfully, your personal dignity and the psychosocial, spiritual, and cultural variables that influence the perceptions of behavioral health.
5. To access alternative psychological care and other non-traditional services that promote health and wellness. At your request you have the right to a second opinion.
6. To be listened to and respect your need for confidentiality, privacy, and perceived security.
7. To know your diagnosis, what to expect about your behavioral healthcare, and the limits of counseling services.
8. To seek recommendation from your treatment staff, to refuse treatment, and to know the consequence of refusing treatment, which will be explained to you by your care providers.

9. To be informed of the risks, side effects, and expected results of the recommended counseling or medication procedures.
10. To give consent or refuse to participate in research related activities. You have the right to decline at anytime without compromising your access to care, treatment, and services.
11. To request discharge and be discharged against medical advise.
12. To know what your health record says, to request changes where appropriate, and to be informed of disclosures regarding your personal behavioral health information in a reasonable time frame.
13. To consent information regarding transfer to, consultation with, or treatment by another member of this health care provider.
14. To have your right explanations made in manners you can understand. You have the right to interpretation services, if needed at no cost to you.
15. To have your compliments, concerns, and complaints addressed in respectful and professional manners. Sharing your concerns and complaints will not compromise your access to care, treatment, and services.

Client Responsibilities

You have the responsibility:

1. To provide accurate and complete information about your health, medical history, and insurance benefits to the best of your knowledge.
2. To notify staff if you do not understand your health care plan, medical terminologies, and what is expected of you.
3. To discuss concerns about your care with your clinician and jointly plan your care together.
4. To follow your plan of care. If you are unable/unwilling to follow the plan of care, you are responsible for informing your care provider. Your care provider will explain the consequences of not following the recommended treatments. You are responsible for the outcomes of not following your plan of care.

6. To be considerate of the rights of other clients and/or clinic personnel, and property, as well to follow the rules and regulations pertaining to clients and family safety.
7. To cooperate in assigning insurance or payer benefits for services provided. You are responsible for meeting your financial obligation to the facility. You will be informed of fees and charges.
8. To cooperate with the advice, treatment plan, and prescription (s) you are given, including abiding with any changes recommended.

Grievance Resolution Procedure

Rights and process to grievance:

1. If you feel your rights have been violated, you may file a grievance with your service provider within 45 days of the time you became aware of the problem.
2. You cannot be threatened or penalized in any way for filing a grievance.
3. The right specialist must inform you of your rights and how to use the grievance process.
4. You may, at the end of the grievance process, or any time during it, choose to take the matter to the county, state, court, or other outside parties.

To know how to initiate a compliant or grievance against a staff member or this clinic within 45 days from the date of the grievance, please contact your Right Specialist:

Lee R. Beitzel
229 E. Wisconsin Ave, Suite 500
Milwaukee, WI 53202
(414) 224-3737 ext. 200

For any other concerns, please contact the clinic:

Sebastian Family Psychology Practice, LLC
1720 W. Florist Ave., Suite 125
Glendale, WI 53209
Phone (414) 247-0801 Fax: (414) 247-0816