

## **TURNING POINT – CENTER FOR CHANGE**

589 Shoup Ave West • Twin Falls, Idaho 83301 Phone: (208) 7344250 • Fax: (208) 7344260

# **NOTICE OF PRIVACY PRACTICES**

This Notice describes how your medical information may be used and disclosed, and how you can access this information. Please review it carefully.

Turning Point – Center for Change is committed to protecting the privacy of your Protected Health Information (PHI). This Notice explains the types of PHI we collect, how we use it, how we protect it, and the rights you have regarding your information. We follow strict federal and state laws requiring the confidentiality of your personal health information. A full copy of our Privacy Practices is posted in our lobby.

### **Personal Information We Collect**

We treat any identifiable information as personal information, even if it may be available from other sources. We collect information related to:

- Your health condition, treatment, and financial information
- Your identity, including name, date of birth, address, age, Social Security number, and insurance information

### **Why We Collect Your Information**

We collect PHI to:

- Determine appropriate scheduling and services
- Maintain records of care and services provided
- Bill your insurance for services
- Evaluate the quality of treatment and services

We may also use your information to:

- Recommend treatment alternatives
- Inform you about services or products that may benefit you
- Share information with family or friends involved in your care (when appropriate)
- Share information with business associates who assist with treatment, payment, or operations (all business associates must follow our privacy practices)

### **How We Use and Disclose Your Information**

We will not disclose your PHI unless allowed or required by law, or unless you give written permission. Examples of permitted disclosures include:

- To healthcare providers involved in your treatment
- To your insurance company to process claims
- In response to legal requests such as subpoenas
- To business associates who agree to protect your PHI
- For public health reporting (communicable diseases, injuries, drug/device reactions)
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities (audits, inspections, investigations)
- For lawsuits and legal proceedings
- For workers' compensation claims
- To prevent a serious threat to your health or safety
- As required by federal or state law
- To law enforcement for specific legally permitted reasons
- To coroners, funeral directors, or organ procurement organizations

Any other use or disclosure requires your written authorization, which you may revoke at any time.

### **How We Protect Your PHI**

We protect your information by:

- Treating all PHI as confidential
- Maintaining confidentiality policies and disciplinary measures for violations
- Restricting access to employees who need information to provide services
- Disclosing only the minimum necessary information
- Maintaining physical, electronic, and procedural safeguards

### **Our Responsibilities**

We are required by law to:

- Maintain the privacy of your PHI
- Provide this Notice describing how we use and share your information
- Follow the terms of the Notice currently in effect

We may change this Notice at any time. Updated versions will be posted in our office and available upon request.

### **Your Rights**

You have the right to:

- Inspect and obtain a copy of your records

- Request corrections to your information
- Request restrictions on how your information is used or shared
- Request confidential communications
- Receive a paper copy of this Notice

### **Complaints**

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

**Privacy Officer:** Seth Winterholler, Owner Phone: (208) 7344250 Address: 589 Shoup Ave West, Twin Falls, ID 83301 Effective Date: **11/01/2019**

## **AGENCY AND CLIENT RESPONSIBILITIES**

### **Agency Responsibilities**

Turning Point – Center for Change will:

- Provide counseling to clients who meet state, federal, and Optum Idaho qualifications
- Provide ongoing training to counselors
- Follow your Individual Service Plan
- Attempt to resolve problems or conflicts
- Provide a 24hour crisis phone line
- Provide liability and workers' compensation coverage for counselors
- Provide skills training to support independence
- Assist you in obtaining needed services
- Advocate on your behalf
- Provide procedural safeguards and crisis assistance
- Support transitions and use of informal supports

### **Client Responsibilities**

Clients agree to:

1. Follow their approved Individual Service Plan
2. Notify the office if services are no longer needed
3. Notify the office of any problems with services so they can be resolved

By signing, you authorize Turning Point to provide counseling and case management services and agree to follow the policies above.

### **INFORMED CONSENT FOR TREATMENT / MEDICAL NECESSITY**

You have selected Turning Point – Center for Change to assist with your treatment goals. You must meet medical necessity criteria to receive services. By signing, you consent to receive mental health services, which may include:

- Evaluations and assessments
- Treatment planning
- Case management
- Individual, group, and/or family psychotherapy

Services may occur in the clinic, community, or your home, depending on your treatment plan.

You understand:

- All services have potential risks and benefits
- Your condition may improve, stay the same, or require a higher level of care
- You determine your treatment goals
- You may involve others in your treatment
- You agree to attend appointments, ask questions, and participate fully
- You may withdraw consent at any time without prejudice

# **PARTICIPANT RIGHTS AND GRIEVANCE PROCEDURE**

## **Participant Rights**

All participants have the right to:

- Equal access to services regardless of race, religion, gender, age, disability, or national origin
- A humane, safe, respectful treatment environment
- Communication in an understandable language and format
- Freedom from abuse, neglect, and exploitation
- Services in the least restrictive environment
- An individualized service plan
- Active participation in treatment planning
- Access to their records (unless restricted for treatment reasons)
- Confidentiality and explanation of disclosure rules
- Refusal of medication unless courtordered
- Freedom from restraint or seclusion except in emergencies
- Refusal to participate in research
- Exercise of rights without retaliation
- Consultation with independent specialists or legal counsel
- Advance notice of service discontinuation
- Explanation of service denial

## **Client Responsibilities**

Clients are responsible for:

- Respecting others
- Attending scheduled appointments
- Discussing treatment concerns with staff
- Understanding program guidelines

## **Education**

Turning Point provides ongoing education about prognosis, treatment expectations, and coping strategies. Reviews occur every 90 days or upon request.

### **Grievance Procedure**

Clients may file grievances regarding services, supervision, funding, barriers, or staff concerns.

- Grievances may be submitted verbally or in writing
- The Administrator will investigate within two weeks
- Findings will be shared with the participants.
- A second review or mediation may be requested
- All grievances are documented and kept confidential

## **AUTHORIZATION FOR THIRDPARTY PAYOR REIMBURSEMENT**

By signing, you authorize:

- Payment of insurance benefits directly to Turning Point
- Release of necessary medical information to insurers
- Responsibility for payment if insurance denies coverage
- Responsibility for understanding deductibles, copays, and prior authorizations

## **OTHER IMPORTANT INFORMATION**

### **Appointments**

- Sessions are typically 50 minutes
- Office hours are 8am–5pm or by appointment
- Weekly or adjusted frequency based on need
- You may discontinue treatment at any time
- In emergencies, contact your therapist, primary care provider, ER, or crisis hotline:  
[988](tel:988)

### **Payments**

- Payment is due at the time of service unless otherwise arranged
- Insurance claims are filed by the agency
- Clients are responsible for deductibles, copays, and coinsurance

### **Cancellations and NoShows**

- Arriving more than 10 minutes late requires rescheduling
- More than 3 noshows may result in discharge and referral to another agency

### **Crisis Policy**

For crisis situations:

- **Local 24/7 Hotline** :[208-788-3596](tel:208-788-3596)
- Emergency services: 911
- Crisis Center of South Central Idaho: (866) 7371128 or 570 Shoup Ave W, Twin Falls