

PRIVACY NOTICE  
MESA COUNSELING CENTER (MCC)

This notice describes how private health care information about you may be used and disclosed by this facility and how you can get access to this information. Please review it carefully.

- I. This office may use your confidential health information for the following purposes:
  - A. Treatment – providing, coordinating, or managing services between Health care providers working with you.
  - B. Billing – necessary activities related to obtaining payment for services provided to you.
  - C. Professional /Credentialing – certain administrative, financial, or legal activities inherent to our professional licensure and provider status and operations reviews.
  - D. Life Threatening Emergency situations requiring us by law to release such to the appropriate agency or individuals.
  - E. Notifications regarding appointments – unless you specify otherwise, we make appointment reminder calls to phone numbers you provide for the purpose of scheduling, rescheduling, or reminding about appointments. Such calls or messages do not provide any clinical information.
  - F. Home Land Security Issues - in the event a release is necessitated due to a potential national security threat.

\*\*\* Other uses and disclosures will be made only with your written authorization, which you may revoke at any time. \*\*\*

- II. You have the following rights relative to your private health care information at this facility. If you choose to exercise any of these rights, you must do so in writing.
  - A. The right to request that we not release confidential health information as outlined above in Section I.
  - B. The right to receive communication in a confidential manner.
  - C. The right to inspect and receive a copy of your confidential health information.
  - D. The right to change or add information to your confidential health information.
  - E. The right to receive an accounting or list of disclosures of confidential health information.
  - F. The right to file a complaint with this office and or the Secretary of Health and Human services if you believe your rights were violated. Any client who chooses to file a complaint will not be subject to retaliation.
  - G. The right to request that your health record be kept longer than the usual 7 yr period required by law, prior to destruction.
- III. The providers at this office are required by law to maintain the privacy of confidential health information and to provide our clients with this Notice of our legal duties and privacy practices concerning confidential health information. We are required to abide by the terms of this Privacy Notice. We reserve the right to change the terms of this Notice. If this notice is revised it will be distributed to all clients at the first available appointment.
- IV. If you require information about MCC's privacy practices, you may Contact the HIPPA privacy Officer at 480-962-8883.