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MidAmerica Family Treatment Center, LLC

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**HIPAA NOTICE**

**What is HIPAA:**

Health Insurance Portability and Accountability Act (HIPAA) in 1996 enacted national standards for Privacy of Individually Identifiable Health Information (Privacy Rule). The major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of information needed to provide and promote high quality health care and to protects the public's health and well being.

**How We Collect Information About You:**

MidAmerica Family Treatment Center, LLC (hereafter known as MAFTC) and its employees, staff, interns, and volunteers may collect Protected Health Information (hereafter known as PHI) through a variety of means including but not necessarily limited to letters, phone calls, emails, voicemails, fax, and from the submission of applications that are either required by law or necessary to process applications or other requests for assistance through our organization. The PHI may be used to carry out treatment, payment, or agency operations, or for other purposes that are permitted or required by law. It also describes the client's rights to access and control their PHI. "PHI" refers to information about our clients, including demographic data that may identify them and relates to their past, present, or future mental health or physical health or condition or related healthcare services. Disclosure of their PHI for the purposes described in this notice may be made in writing, orally, electronically (by-mail), or by other means.

**What We Do Not Do With Your Information:**

Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voicemails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that are considered patient confidential, restricted by law, or specifically restricted by a patient/client in a signed HIPAA consent form.

**How We Use Your Information:**

Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between MAFTC and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to verify your medical information is accurate and determine the type of medical supplies or health care services you need. This is including, but not limited to, or to obtain or purchase any type of medical supplies, devices, medications, or insurance.

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

**Information We Do Not Collect:**

We do not use cookies on our website to collect date from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page (www.midamericacounseling.com) that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic date through our site.

**Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources:**

Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of MAFTC. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without the client’s express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

**Treatment:**

MAFTC will use and disclose our client's PHI to provide, coordinate, or manage their health care and any related services. This includes coordination with a third party that has already obtained permissions to have access to their PHI. For example, MAFTC will disclose PHI to our client's physician to obtain a physical examination report.

**Payment**:

Our client's PHI will be used**,** as needed to obtain payment for their health care services. For example, their PHI may be disclosed to verify eligibility for funding.

**Agency Operations:**

We may use or disclose, as needed, our client's PHI in order to support the business activities of MAFTC including, but not limited to, quality assessment, employee reviews, training, licensing, and other activities. Uses and disclosures beyond treatment, payment, and health care operations permitted without consent, but with our client's opportunity to object. Federal privacy rules allow us to use or disclose their PHI without their consent for a number of reasons, including the following:

to provide client appointment reminders,

client is in imminent danger to self or others, we may disclose PHI to appropriate individuals if we believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health a safety of self or another identifiable person,

to report child abuse or neglect; if we know or suspect that a child is a victim of child abuse or neglect, we are required by law to report the abuse to a duly constituted authority,

legal proceedings, such as subpoena of records' we may disclose PHI about the client when required to do so by federal or local law. Other uses and disclosures of MAFTC client's PHI described below, will made only with their written consent, unless otherwise allowed or required by law. Our clients may revoke this authorization at any time, in writing except to the extent that MAFTC has acted in reliance on the use or disclosure indicated in the consent.

MAFTC client's health care: Unless our client objects, we may disclose to a trusted member of their family, or any other person they may identify, their PHI that directly relates to the person's involvement in their health care. If they are unable to agree or object, we may proceed if we find such disclosure is in the client's best interest.

Emergencies: We may disclose our client's PHI in an emergency situation. If this happens, MAFTC shall try to obtain their consent as soon as reasonably appropriate.

**Clients Rights:**

* Every client has the right (where appropriate) to inspect and copy their PHI. This means that they may inspect and obtain a copy of PHI about them, contained in a designated record set as long as MAFTC maintains it. A "designated record set" contains clinical, billing, and any other records the their therapist and the agency use for making decisions about them.
* MAFTC clients have the right to request a restriction of their PHI. This means that the client may ask MAFTC not to use or disclose any part of their PHI for the purposes of treatment or payment. This would require cash payment for treatment going forward. The client may also request that any part of their PHI not to disclosed to family members or friends who may be involved in their care or for notification purposes as described in this notice. Their written request must state the specific restriction requested and to whom they want the restriction to apply.
* Under federal law, however, MAFTC clients may not inspect or copy the following: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administration action or proceeding; and PHI that is subject to laws that are prohibits access to PHI. Depending on the circumstances, MAFTC clients may have a right to have this decision reviewed.

If you have any questions about this notice, please call Gina Barnett at (816) 588-3124 or write to Lynn Barnett LCSW, LSCSW at 4031 Central Street, Kansas City, Missouri 64111

This notice becomes effective January 1, 2021