



Client Rights and Responsibilities

YOUR RIGHT TO SERVICES

Expect professional, quality services that are provided fairly in a non-discriminatory manner according to current law. You are encouraged to contact the Clinic Director for resolution of any concerns about the quality of services.

Be included in the development of an individualized Treatment Plan.

Receive services in the Behavioral Health Clinic during clinic business hours.

Decline Boys Town services at any time with adequate notice to Boys Town; you will be informed about options regarding your decision.

Have the right to file a grievance without interference or retaliation by contacting the 24-hour Boys Town National Hotline® at **1-800-448-3000** or the Council on Accreditation at **www.coanet.org**.

YOUR RESPONSIBILITIES

Participate in the treatment planning process and include family members who are significant to treatment.

Follow treatment recommendations.

Notify a Boys Town employee of changes in your address, phone number, insurance, or other relevant information.

Communicate safety concerns to Boys Town employees.

Keep scheduled appointments and, when necessary, cancel them at least 24 hours in advance.



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical/treatment information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health/treatment information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical/ service recipient record

- You can ask to see or get an electronic or paper copy of your medical/service recipient record and other health/treatment information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health/treatment information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical/service recipient record

- You can ask us to correct health/treatment information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health/treatment information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Your Rights *continued*

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health/treatment information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Continued on next page

Your Choices *continued*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health/treatment information and share it with other professionals who are treating you.

***Example:** A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health/treatment information to run our practice, improve your care, and contact you when necessary.

***Example:** We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health/treatment information to bill and get payment from health plans or other entities.

***Example:** We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health/treatment information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

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Our Uses and Disclosures *continued*

Respond to organ and tissue donation requests	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none">• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none">• We can use or share health/treatment information about you:<ul style="list-style-type: none">• For workers' compensation claims• For law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health/treatment information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date 09/01/2021

This Notice also describes the privacy practices of an organized health care arrangement or "OHCA" between Boys Town National Research Hospital (BTNRH) and its Medical Staff in which BTNRH and its Medical Staff share medical information from inpatient and outpatient hospital visits for treatment, payment and health care operations. All Members of the BTNRH Medical Staff will follow this Notice when providing services at BTNRH facilities including outpatient clinics. This Notice does not cover the information practices of practitioners in their private offices or at other locations when such practitioners are not employed by BTNRH.



Behavioral Health Clinic Office Policy

Welcome to Boys Town's Behavioral Health Clinic! The information in this packet is provided to ensure that you have a full understanding of our office policies. Please read carefully, complete the enclosed documentation, and sign where indicated. This first sheet will be yours for future reference. If you need assistance with completing this form, please request assistance from one of our staff members or by contacting 561-612-6056. The information must be complete before you can be seen in our clinic.

Please arrive at least 15 minutes early for your first scheduled appointment to review your completed paperwork.

FINANCIAL RESPONSIBILITY AND PAYMENT POLICY – You are responsible for payment of all charges for mental health services provided, including any co-payments or deductibles. You are also required to provide an insurance card – this is necessary to validate coverage of benefits. You are ultimately responsible for any service provided that is not covered by your policy.

INSURANCE – You are responsible for any charges due to your insurance company. Your account with this office is your responsibility. As a courtesy to our clients, we will file insurance. It is your responsibility to notify us of any changes in your insurance plan. Any co-payments, deductibles, or services not covered by insurance are your financial responsibility. Any service denied because of a change in benefits becomes your responsibility.

OFFICE HOURS – Office hours are 9:00 a.m. to 5:00 pm, Monday through Friday, or by appointment. To schedule appointments, please contact 402-996-2540.

AFTER HOURS – In the case of an emergency, call 911 or go to the nearest hospital emergency room. After Clinic office hours, non-emergency messages may be left on the answering machine and will be returned on the next business day.

CANCELLATION – Cancellations must be made at least 24 hours prior to your appointment; otherwise, a fee may be assessed. All routine phone calls, including rescheduling appointments and routine questions, will be handled during normal business hours.

LATE APPOINTMENTS – You may need to reschedule appointments if you are 15 minutes late.

TERMINATION – Termination of services may occur when three appointments are missed without proper cancellation or when treatment recommendations are not accepted or followed.

FAMILY INVOLVEMENT – The primary responsibility of each mental health provider is to provide the most effective treatment for each client. Involvement of the family is viewed as essential in maximizing treatment success.

CLIENT RIGHTS – Please review the client rights and responsibilities information posted in the reception area. A copy of this information is included in this packet.

PRIVACY – Please review Father Flanagan's Boys' Home Notice of Privacy, which describes how treatment information about you may be used and disclosed and how you can get access to your information. A copy of this practice is included in this packet



Behavioral Health Clinic Payment Policy

Thank you for choosing us to assist you and your family. We are committed to providing you with the best care possible. As one of our clients, we want to ensure that you have a clear understanding of our payment policy. Please read this carefully and ask any questions that you may have.

1. **Insurance** – We participate in most insurance plans. You are responsible for any charges due to your insurance company. Your account with this office is your responsibility. As a courtesy to our clients, we will file insurance. Please present a copy of your insurance card at each visit. It is your responsibility to notify us of any changes in your insurance plan. Any service denied because of a change in benefits becomes your responsibility. Services not covered by your insurance are your financial responsibility.
2. **Co-payments, coinsurance, and deductibles** – All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. We are contractually obliged to collect the co-payment at the time of service. Coinsurance and deductible amounts may vary. A deposit of \$50 as a down payment that will be applied toward your coinsurance or deductible is expected at each visit until your coinsurance or deductible has been met. We accept cash, check, Visa, MasterCard, Discover, and American Express.
3. **Self-Pay** – Payment is expected at the time of service if we will not be submitting charges to insurance. A prompt pay discount may be offered. We accept cash, check, Visa, MasterCard, Discover, and American Express.
4. **Claim Submission** – We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.
5. **Coverage changes** – If your insurance changes, please notify us before your next visit so that we can make the appropriate changes to help you receive your maximum benefits.

Please call if you have questions about your bill. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings.

Our practice is committed to providing the best treatment to our clients. Our fees are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.