

# ADOLESCENT SUBSTANCE ABUSE PROGRAM

Substance Abuse Education, Treatment, and Prevention for Adolescents and their Families

4222 East Camelback, #230H, Phoenix, Arizona 85018

Phone: (602) 953-ASAP or (602) 953-2727 Fax (602) 996-2448

Visit ASAP online at <http://www.asapaz.com>

---

## Records Request

I am requesting a copy of the following specific medical records:

(Be specific-- the specific records you are requesting will be released if all parties are judged to be safely protected. Do not put "all". Often a "discharge summary" is most helpful)

---

---

The reason for this request is: \_\_\_\_\_  
(Reminder—A review by the Clinical Team is required and a release, if granted, ordinarily takes 5 business days.)

I am requesting that these records be provided to the following person by mail:

---

Name

---

Street address

---

City state zip

I understand that the ASAP Medical Records Policy applies as follows:

1. All aspects of the HIPAA Privacy regulations are followed.
2. Medical records are maintained as per the "Notice of Policies and Practices to Protect the Privacy of your Health Information" that I have received.
3. All requests for copies of medical records are heard by the Clinical Team and reviewed by the Clinical Director prior to release. Immediate viewing or copying of medical records is prohibited. A review is necessary to ensure that no one is endangered by the release of information and that the safety and rights of all parties are protected. This review typically require 3-5 business days.

I have completed, with the signature of the client, an Authorization to Release Protected Health Information form to allow for this copying and release of records.

---

Print your name signature date

## Permission to Exchange Information

Client Name: \_\_\_\_\_

Client date of birth: \_\_\_\_\_

The individual named above authorizes exchange of the medical record and other information listed below between the ASAP Program and :

\_\_\_\_\_  
Name of individual or organization

The purpose of this release of information is: \_\_\_\_\_  
\_\_\_\_\_

It is understood that this information may be shared verbally and/or in writing. The information to be released includes the following:

\_\_\_\_\_ Treatment or Discharge Summary

\_\_\_\_\_ Psychiatric Evaluation

\_\_\_\_\_ Progress Notes

\_\_\_\_\_ Hospital Records

\_\_\_\_\_ Psychological Evaluation

\_\_\_\_\_ Lab Results and Urinalysis Results

\_\_\_\_\_ Medical History

\_\_\_\_\_ Other ( \_\_\_\_\_ )

It is understood that medical records are protected under federal confidentiality regulations and cannot be released without the permission of the client unless otherwise provided for in these regulations. It is also understood that this Consent expires one year from the date treatment was terminated at ASAP.

Date signed: \_\_\_\_\_

Client signature: \_\_\_\_\_

Witness signature: \_\_\_\_\_

date

ASAP, 4222 East Camelback Road, # 230H  
Phoenix, AZ 85018 602-953-2727

## Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

ASAP may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
  - Treatment is when ASAP provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when ASAP consults with another health care provider, such as your family physician or another mental health professional.
  - Payment is when ASAP obtains reimbursement for your healthcare. Examples of payment are when ASAP discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - Health Care Operations are activities that relate to the performance and operation of ASAP’s practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within ASAP’s practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of ASAP’s practice such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Authorization

ASAP may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when ASAP is asked for information for purposes outside of treatment, payment or health care operations, ASAP will obtain an authorization from you before releasing this information. ASAP will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes ASAP may have made about conversations during a private, group, joint, or family counseling session, which have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) ASAP has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### III. Uses and Disclosures with Neither Consent nor Authorization

ASAP may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – ASAP is required to report PHI to the appropriate authorities when staff have reasonable grounds to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse.
- Adult and Domestic Abuse – If ASAP has the responsibility for the care of an incapacitated or vulnerable adult, staff are required to disclose PHI when they have a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult’s property has occurred.
- Health Oversight Activities – If an Arizona professional regulatory board is conducting an investigation, then ASAP is required to disclose PHI upon receipt of a subpoena from the Board.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the professional services ASAP provided you and/or the records thereof, such information is privileged under state law,

and ASAP will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- **Serious Threat to Health or Safety** – If you communicate to ASAP an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and ASAP staff believe you have the intent and ability to carry out such a threat, ASAP has a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and in order to initiate hospitalization procedures. If ASAP believes there is an imminent risk that you will inflict serious harm on yourself, ASAP may disclose information in order to protect you.
- **Worker’s Compensation** – ASAP may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

#### **IV. Patient’s Rights and Provider’s Duties**

##### Patient’s Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information. However, ASAP is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. On your request, ASAP will send your bills to another address.
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in ASAP mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. ASAP may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, ASAP will discuss with you the details of the request and denial process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. ASAP may deny your request. On your request, ASAP will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI. On your request, ASAP will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.

##### Provider’s Duties:

- ASAP is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.
- ASAP reserves the right to change the privacy policies and practices described in this notice. Unless ASAP notify you of such changes, however, ASAP is required to abide by the terms currently in effect.
- If ASAP revises its policies and procedures, ASAP may notify you by US mail.

#### **V. Complaints**

If you are concerned that ASAP have violated your privacy rights, or you disagree with a decision ASAP made about access to your records, you may contact ASAP staff at 602-953-2727 for further information  
You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

#### **VI. Effective Date, Restrictions, and Changes to Privacy Policy**

This notice will go into effect on 4-14-2003.

ASAP will limit the uses or disclosures that ASAP staff will make as follows: what is reasonably necessary to accomplish the purpose for which the request is made.

ASAP reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that ASAP maintains. ASAP may provide you with a revised notice by US mail.

Your signature below acknowledges that you have received this HIPPA notice from ASAP.

---

Patient

---

Date

---

Parent or Guardian

---

Date

