

## HIPAA Notice of Privacy Practices

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

**Please note that I only release information in accordance with state and federal laws and the ethics of the counseling profession. This notice describes my policies related to the use and disclosure of client healthcare information.** I typically would use or disclose health information for the following purposes:

### Treatment

- I can use your health information and share it with other professionals who are treating you, in order to provide, manage, or coordinate care, to provide or respond to referrals, and for consultation.

### Payment

- I can use your health information to verify insurance and coverage, and to process claims and collect fees.

### Healthcare Operations

- I can use your health information during review of treatment procedures or business activities, and for purposes of certification, training, and compliance and licensing activities.

### Other

- In addition to the above, there are other situations in which I am allowed or required to use or disclose client health information without consent; typically these are situations that involve public safety and health. As always, I only release information in accordance with state and federal laws and the ethics of the counseling profession. Examples of these situations include:

*· Mandated reporting · Emergencies · Criminal damage · Appointment scheduling · Treatment alternatives · As required by law (e.g., preventing or reducing a serious threat to anyone's health or safety; assuring the Department of Health and Human Services that I am complying with federal privacy laws) · Health research · Working with a medical examiner or funeral director, after a client dies · To address worker's compensation, law enforcement, and other government requests · Responding to lawsuits and legal actions*

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you. You have the right to:

### Request how I contact you

- Indicating the most private and safe method for me to use to contact you for scheduling, payment, and therapeutic contact between sessions. I will do as requested, unless unreasonable.



**Get an electronic or paper copy of your medical record**

- You can ask me to release your health information to another person or provider, by filling out a Release of Information (ROI) form. You may redact this release at any time after signing.

**Inspect and/or request a copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you, by filling out a records request form. I will provide a copy or summary within 30 days of receipt of request. I may deny the request. I may charge a reasonable, cost-based fee for copying, mailing, etc.

**Add information or amend your medical record**

- You can ask me to add information or make changes to existing information; this must be done in writing. I will review the request and respond within 60 days. I may deny the request, and will tell you why in writing. You may then file a disagreement statement, in writing, and this will be included in your record.

**Request an accounting of disclosure of your medical record**

- You can ask for a list of instances (i.e., an accounting) in which I have shared your health information, for six (6) years prior to the date of your request, including who I shared it with and why. I will provide this information within 30 days of request. This accounting will not include disclosures made for the purposes of treatment, payment, or healthcare operations (as outlined earlier in this document), disclosures made directly to you, the client, or per the directives of a signed release form. Any disclosures made for the purposes of national security or law enforcement are also exceptions.

**Request a restriction on what I may use or share**

- You may ask me to not use or share certain health information for treatment, payment, or operations. I am not required to agree to your request, and may say no if it would negatively affect your care. Your request must be in writing.

**To file a complaint, if you feel your rights have been violated**

- You are asked to first approach me, so that I may correct the situation. If this does not satisfy your concern, you may 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](http://www.hhs.gov/ocr/privacy/hipaa/complaints). There will be no retaliation against you for filing a complaint.

**Receive notice of any changes to this policy**

- If the terms of this notice change, those changes will apply to all of the health information I have about you. The new notice will be made available to you upon request, in office and on the website.

**This notice is effective 8/31/2017**

*If you have any questions or concerns about this notice or your privacy rights, please ask me.*