



HIPAA NOTICE

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

This notice describes how mental health 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

I may “use” or “disclose” your *Protected Health Information (PHI)* for *treatment, payment, or health care operations* with your consent.

To clarify these terms, here are some definitions:

- ***Protected Health Information or “PHI”*** refers to information in your health record that could identify you.
- ***“Treatment, Payment and Health Care Operations”***
 - ***Treatment*** is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist.
 - ***Payment*** is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose 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 my 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 my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- ***“Disclosure”*** applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose “PHI” for purposes outside of treatment, payment, and health care operations, when your appropriate “*authorization*” is obtained. An “*authorization*” is a written permission above and beyond the general consent that permits only specific disclosure of information. In those instances when I am asked for information for purposes outside of *treatment, payment, and health care operations*, I will obtain an “*authorization*” from you before releasing this information.

You may revoke all such “*authorizations*” at any time provided each revocation is in writing.

You may **not** revoke an “*authorization*” to the extent that:

- (1.) I have relied on that authorization; OR
- (2.) The authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose “PHI” without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause, on the basis of my professional judgment, to suspect that a child is or has been physically, emotionally, or sexually abused or neglected, I must report the matter to the appropriate authorities as required by law.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an older adult needs protective services (regarding abuse, neglect, exploitation, or abandonment), I must report the matter to the appropriate authorities as required by law.
- **Health Oversight Activities:** I may disclose PHI to the Kansas Behavioral Sciences Regulatory Board if necessary, for a proceeding before the Board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services, I provided you or the records thereof, such information is privileged under state law, and I will not release the information without written authorization from you or your personal or 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. I will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you express a serious threat, or intent to kill or seriously injured an identified or readily identifiable person or group of people, and I determine that you are likely to carry out the threat, I must take reasonable measures to prevent harm. Reasonable measures may include: directly advising the potential victim of the threat or intent.
- **You are in Imminent Danger to Self:** If I believe that you present imminent risk of serious physical harm or death to yourself, I may disclose information in order to initiate hospitalization or to contact law enforcement, a family member(s) or friend who might be able to protect you.

- **Worker's Compensation:** I 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. Client's Rights and Therapist Duties

Client's Rights:

- ***Right to Request Restrictions*** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to the 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. (For example, you may not want a family member to know that you are being seen at Life Simplified Counseling. Upon your request, I 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 my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I 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. I may deny your request. On your request, I 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, I 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 from me upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide written notice to you.

V. Questions and Complaints

If you believe that your privacy rights have been violated, you disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Erin Taylor LMSW, of Life Simplified Counseling

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S. W., Washington, D.C. 20201. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

I may limit the access, use, or disclosures to the following “*reviewable denials*”:

- If in the exercise of professional judgment, I determine that access to the record is “reasonably likely to endanger the life or physical safety” of you or another person;
- If the requested information refers to another person (other than another health care provider), and in the exercise of professional judgment, I determine that access is “reasonably likely to cause substantial harm” to this other person;
- If a personal representative for you has requested access to the record, and in the exercise of professional judgment, I determine that such access is “reasonably likely to cause substantial harm to you or another person.”

I may limit the access use, or disclosures to the following “*unreviewable denials*” when:

- Access to psychotherapy notes are requested;
- Information is compiled in reasonable anticipation of, or for use, in a legal or administration action or proceeding;
- Someone other than a health care provider provides information about the patient under a promise of confidentiality, and the access to the requested information would be reasonably likely to reveal the source of the information.

This notice will go into effect on 05/01/2017. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all “PHI” that I maintain. I will provide you with a revised notice if this becomes necessary.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS CONTAINED IN THIS DOCUCMENT AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECIEVED A COPY OF THE HIPPA NOTICE OF PRIVACY PRACTICES FORM.

Client (or Parent/Guardian) (please print)

Signature of Client (or Parent/Guardian)

Date

Erin Taylor, LMSW NPI:1366993545

Date