

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. Your health record contains personal information about you and your health. This information (that may identify you and that relates to your past, present, or future physical or mental health and related health care services) is referred to as Protected Health Information (PHI). I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal and billing requirements. This Notice of Privacy Practices (Notice) applies to all of the records of your care generated by my mental health care practice, and describes how I may use and disclose your PHI in accordance with applicable law and the APA code of Ethics. It also describes your rights to gain access to and control your PHI. I am required by law to maintain the privacy of your PHI and to provide you with this Notice. I am required to abide by the terms of this Notice. I can change the terms of this Notice at any time, and any new Notice will be effective for all PHI I maintain at the time. The new Notice will be available upon request and in my office.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I use and disclose health information. Federal privacy regulations allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's PHI without the patient's written authorization to carry out the health care provider's own treatment, payment, or health care operations. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment: The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care.

For Payment: I may use and disclose your PHI so that I can receive payment for the services provided to you. Examples of payment-related activities are: processing claims with your insurance company, and participating in medical necessity or utilization reviews. If it becomes necessary to use collection processes to address lack of payment for services, I will only disclose the minimum amount of PHI necessary for the purposes of the collection of my fees.

For Health Care Operations: I may use or disclose your PHI as needed in order to support my business activities including, but not limited to, quality assessment activities, employee reviews, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform billing or typing services for me, provided I have a written contract with the party that requires it to safeguard the privacy of your PHI.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For my use in treating you. b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. When there is a serious threat to your health and safety or the health and safety of another individual or the public. I have to report suspected child, elder, or dependent adult abuse, some instances of suicidal ideation, and some instances of homicidal ideation. I will only share information with a person or organization whom I believe is able to help prevent or reduce the threat.
3. When there is a medical emergency situation and disclosure to medical personnel is required in order to prevent serious harm (I will try to provide you a copy of this notice as soon as reasonably possible after the resolution of the emergency).
4. For health oversight activities, including audits and investigations. Oversight agencies seeking this information include government agencies, organizations that provide financial assistance to the office (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.
5. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
6. For law enforcement purposes or with a law enforcement official, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.

8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition. Identifying information is never used in such circumstances.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
12. I am 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. I 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.

V. AUTHORIZATION FOR OTHER DISCLOSURES.

1. If I or you want to use or disclose (send, share, release) your information for any other purposes, I will discuss this with you and ask you to sign an Authorization to allow this. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you, such as your billing records. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **Breach Notification:** If there is a breach of unsecured PHI concerning you, I am required to notify you of this breach, including what happened and what you can do to protect yourself.
8. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
9. **COMPLAINTS:** If you believe I have violated your privacy rights, you have the right to file a complaint in writing with Michelle Woidneck Kieffe, 11905 Arbor Street, Omaha, NE 68144, or 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, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

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

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on 01/01/2021

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

BY SIGNING BELOW, I AM AGREEING THAT I HAVE RECEIVED A COPY OF THE THERAPIST’S NOTICE OF PRIVACY PRACTICES AND HAVE READ, UNDERSTAND AND AGREE TO THE ITEMS CONTAINED IN THE DOCUMENT.

Patient printed name

Patient signature

Date