

## HIPAA NOTICE OF PRIVACY PRACTICES

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

**THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW ABOUT HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

#### **HOW I MAY USE AND DISCLOSE YOUR PHI:**

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I will use and disclose your PHI for many different reasons. For some of these uses of disclosures, I will need your prior written authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

#### **For Treatment**

I can use your PHI within my practice to provide you with mental health treatment, including coordinating or managing your health care services, such as, discussing or sharing your PHI with clinical supervisors or other treatment providers, such as, physicians, psychiatrists, psychologists and other licensed health care providers who provide you with health care services.

#### **To Obtain Payment For Treatment**

I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me. For example, I might send your PHI to your insurance company or health plan to determine medical necessity, undertaking utilization review activities to get paid for the health care services that I have provided to you. I may also provide your PHI to my business associates, such as, billing companies, claims processing companies and others that process my health care claims. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

#### **For Health Care Operations**

I can use and disclose your PHI to operate my practice. For example, I might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. I may also provide your PHI to my accountant, attorney, consultants or others to further my health care operations.

## **Required by Law**

Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

## **WITHOUT AUTHORIZATION:**

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Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. The following language addresses these categories to the extent consistent with the NASW Code of Ethics and HIPAA. I can use and disclose your PHI without your consent or authorization for the following reasons:

**Child Abuse and Neglect.** For example, I may have to make a disclosure to applicable governmental officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect.

**Judicial or Administrative Proceedings.** For example, if you are involved in a lawsuit or a claim for workers compensations benefits, I may have to use or disclose your PHI in response to a court or administrative order. I may also have to use or disclose your PHI in response to a subpoena.

**Deceased Patients.** I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for your care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next of kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Law Enforcement.** I may be required to disclose your PHI to law enforcement officials as required by law in compliance with a subpoena, court order, or administrative order. For example, I may have to use or disclose your PHI for the purpose of identifying a suspect, material witness or missing person.

**Public Health.** For example, I may have to use or disclose your PHI to report to a government or health official for the purpose of preventing or controlling a disease.

**Health Oversight.** If required, I may disclose your PHI to a health oversight agency for activities authorized by law. For example, I may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization.

**Public Safety.** For example, I may have to use or disclose your PHI to lessen or prevent a serious threat to the health or safety of a person or the public. However, such disclosures will only be made to someone able to prevent the threatened harm from occurring, which may include the target victim.

**Specialized Government Functions.** I may review requests from the U.S. military command authorities if you have served in the armed forces, authorized officials for national security and intelligence reasons and to the Department of State or medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

**Medical Emergency or Patient Incapacitation.** I may disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you

are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so. I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.

**Family Involvement in Care.** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care or as necessary to prevent serious harm.

**OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION** In any other situation not described above, I will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't already taken any action in reliance on such authorization) of your PHI by me.

### **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

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You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to **CATHY KREISEL, LCSW**, and I will respond within 30 days of receiving your written request.

**The Right to Request Restrictions.** You have the right to request restrictions or limitations on my uses or disclosures of your PHI for treatment, payment, or health care operations. You also have the right to request or limit disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests to me in writing. I will consider your requests, but I am not legally required to accept them. If I do accept your requests, I will put them in writing and I will abide by them, except in emergency situations. However, be advised, that you may not limit the uses and disclosures that I am legally required to make.

**The Right to Choose How I Send PHI to you.** You have the right to request that I send confidential information to you at an alternate address (for example, email instead of regular mail). I must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and, when appropriate, you provide me with information as to how payment for such alternate communications will be handled. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

**The Right to Inspect and Receive a Copy of Your PHI.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other decisions that are used to make about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. You must make the request to inspect and receive a copy of such information writing. I will respond to your request within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you in writing my reason for the denial and explain your right to have my denial reviewed. If you request copies of your PHI, I will charge you not more than \$.25 for each page. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

**The Right to Receive a List of the Disclosures I Have Made.** You have the right to receive a list of instances, i.e., an Accounting of Disclosures, in which I have disclosed your PHI. The list will not include disclosures made for my treatment, payment, or health care operations; disclosures made to you; disclosures you authorized; disclosures incident to a use or disclosure permitted or required by the federal privacy rule; disclosures made for national

security or intelligence; disclosures made to correctional institutions or law enforcement personnel; or, disclosures made before April 14, 2003. I will respond to your request for an Accounting of Disclosures within 60 days of receiving such request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date the disclosure was made, to whom the PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no charge, but if you make more than one request in the same year, may charge you a reasonable, cost-based fee for each additional request.

**The Right to Amend Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.

**The Right of Breach Notification.** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened, a description of the PHI that was involved, what steps I am taking in response to the breach and what you can do to protect yourself.

**The Right to Receive a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice even if you have agreed to receive it electronically.

#### **HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

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If you believe I have violated your privacy rights, you have the right to file a complaint in writing with **CATHY KREISEL, LCSW**, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

The effective date of this notice is September 2013

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, hereby acknowledge that I have read, understand and received a copy of the **Cathy Kreisel, LCSW, Notice of Privacy Practices.**

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Client name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature (Age 18 and over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cathy Kreisel, LCSW Signature

\_\_\_\_\_  
Date

**If client is under age 18,**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date