

AMBER HARRIS, LCMFT
Licensed Clinical Marriage and Family Therapist

Effective Date: January 1, 2012

NOTICE OF PRIVACY PRACTICES

This notice describes how mental health information about you may be used and disclosed, and how you can gain access to this information.

If you have any questions about this notice, please contact the Privacy Officer, Amber Harris, at 316-789-8511.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices followed by Amber Harris and office staff regarding information gathered about you through this course of treatment.

YOUR MENTAL HEALTH INFORMATION

This notice applies to the information and records we have about your mental health treatment and services you receive at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose mental health information about you and describe your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE & DISCLOSE MENTAL HEALTH INFORMATION ABOUT YOU

We must have your written, signed consent to use and disclose mental health information for the purposes listed below. The policy at the office of Amber Harris is to ask your permission before releasing information to anyone outside of our agency (except when services are provided in response to a court order), and to release the minimum amount of information to achieve the intended purpose.

For Treatment: We may use mental health information about you to provide you with treatment or services. We may disclose information about you to office staff or other personnel who are involved in taking care of you. Personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as assisting you to schedule an appointment with a psychiatrist.

For payment: We may use and disclose mental health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a service you received so that your health plan will pay us or reimburse you for this service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover treatment.

For Operations: We may use and disclose mental health information about you in order to run the office and make sure that you and our other clients receive quality care. For example, we may use your mental health information to evaluate the performance of our staff in caring for you. We may also use mental health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders: We may contact you as a reminder that you have an appointment for treatment at our office. Please notify us if you do not wish to be contacted for appointment reminders.

You may revoke your consent at any time by giving written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before that time.

If you revoke your consent, we will be permitted to use or disclose information for the purposes of treatment, payment or operations, and we may, therefore, choose to discontinue providing you with treatment and services.

SPECIAL SITUATIONS

We may use or disclose information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety: We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required by Law: We will disclose mental health information about you when required to do so by federal, state or local law.

Workers' Compensation: We may release mental health information about you for workers' compensation or similar programs. These programs benefits for work related injuries or illness. When you request such benefits, access to related information is assumed.

Oversight Activities: We may disclose mental health information to a mental health oversight agency for adults, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliances with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose information about you in response to a subpoena.

Information Not Personally Identifiable: We may use or disclose information about you in a way that does not personally identify you or reveal who you are.

OTHER USES AND DISCLOSURES OF MENTAL HEALTH INFORMATION

We will not use or disclose your mental health information for any purpose other than those identified in the previous sections without your specific, written Authorization. We must obtain your Authorization separate from any Consent we have obtained from you. If you give us Authorization to use or disclose information about you, you may revoke the Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a written and signed Authorization from you. In order to disclose these types of records for purposes of treatment, payment or operations, we will have to have both your signed Consent and a special written Authorization that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU

Right to Inspect and/or Copy: You have the right to inspect and/or copy your mental health information that we use to make decisions about your care. There are limitations to this right. For example, you do not have the right to view therapy notes made by your therapist or material that is being accumulated in anticipation of a legal or court action.

You must submit a written request to your therapist in order to inspect and/or copy your mental health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy, in certain limited circumstances.

If you are denied access to your mental health information, you may ask that the denial be reviewed. If law requires such a review, the Privacy Officer will review your request and the therapist's denial.

Right to Amend: If you believe information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as this office keeps the information.

To request an amendment, complete and submit a Record Amendment/Correction Form to the Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the information that we keep.
- You should not be permitted to inspect and copy
- Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made about you for purposes other than treatment, payment and operations. Information disclosed pursuant to a written Authorization from you, will not be logged. To obtain this list, you must submit your request in writing to the Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. This is not charge for providing the list.

Right to Request Restrictions: You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Protected Health Information to the Privacy Officer.

Right to Request Confidential Communications: You have the right to request that we communicate to about mental health matters in a certain way or a certain location. For example, you can ask that we only contact you at work or by mail to request confidential communications; you may complete and submit the Request for Restriction On Use/Disclosure of Protected Health Information and/or Confidential Communication to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive Notice of a Breach: We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. This notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery, if known;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting in the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- Contact information, including a toll-free telephone number, e-mail address, web site or postal address to permit you to ask questions or obtain additional information.

In the even the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our web site or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of written breaches involving less than 500 patients.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for information we already have about you, as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with your office or with the Secretary of the U.S Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. To file a complaint with us, contact our Privacy Officer at 1033 N Buckner, Ste. 206, Derby, KS 67037. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred. See the Office for Civil Rights website, www.hhs.gov/ocr/hipaa/ for more information. You will not be penalized for filing a complaint.