

NOTICE OF PRIVACY PRACTICES

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

This notice of Privacy Practice describes how I may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical and mental health and related services.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I, my office staff, and others outside of my office that are involved in your care and treatment may use or disclose your protected health information (PHI), for the purpose of providing health care services to you, to pay your health care bills, and to support the operation of my practice with your consent.

Treatment: I may use and disclose your protected health information to provide, coordinate, or manage your health care and other services related to your health care. This includes the coordination or management of your health care with a third party. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychotherapist.

Payment: Your protected health information may be used, as needed, to obtain payment for your health care services. Examples of payment are when I disclose your protected health information to your health insurer to obtain reimbursement or to determine eligibility coverage.

Health Care Operations: I may use or disclose, as needed, your protected health information to support the 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.

II. Uses and Disclosures Requiring Authorization:

I may use or disclose protected health information for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when I am asked for information for purposes outside treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes.

"Psychotherapy notes" are notes I have made about our conversation during a private, group, joint or family therapy session, which I have kept separate from the rest of our medical record. These notes are given a greater level of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) 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) if the authorization was obtained as a condition of obtaining insurance coverage, 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 protected health information without your consent or authorization in the following circumstances.

- Child Abuse – If I have reason to suspect that a child has been injured as a result of physical, mental or emotional abuse or neglect or sexual abuse, 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 adult is being abused, neglected or exploited or is in need of protective services, I must report the belief to the appropriate authorities as requested by law.
- Health Oversight Activities – I may disclose protected health information to the Kansas Behavioral Sciences Regulatory Board if necessary for a proceeding before the Board.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to health or Safety – If I believe that there is a substantial likelihood that you have threatened an identifiable person and that you are likely to act on that threat in the foreseeable future, I may disclose information to protect that individual. If I believe that you present an imminent risk of serious physical harm or death to yourself, I may disclose information to initiate hospitalization or to family members or others who might be able to protect you.

IV. Patient's Rights and Therapist's Duties

Patient's Rights:

- Right to Receive Confidential Communication by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of your protected health information by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another location.
- Right to Request Restrictions – You have the right to request that I not use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members who may be involved in your care.

I am not required to agree to a restriction that you may request. If I believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another healthcare professional.

- Right to Inspect and Copy – You have the right to inspect or obtain a copy of your personal health information. Under federal law, however, you may not inspect a copy of the following records:

psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. 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 the right to an amendment of protected health information for as long as the information 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 Accounting – 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 your protected health information and to provide you with a notice of my legal duties and privacy practices with respect to your protected health information.
- I reserve the right to change the privacy policies and practices described in the 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 procedure, I will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

V. Complaints:

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may file a complaint with me or my office manager. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

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Wichita Therapy Stop
530 N. Ridge
Wichita, KS 67212
Ofc. (316)-201-4063
Fax (316)-201-4069