

NOTICE OF PRIVACY POLICIES

This notice is required in order for my office to be in compliance with the federal privacy law known as HIPAA.

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

Maintaining the confidentiality of therapist-patient communications is extremely important to me. It is my policy to protect your confidential information to the fullest extent possible, consistent with the law and my professional judgment. Note that medical information includes mental health information.

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

This section describes how your protected health information (“PHI”), including psychotherapy notes, may be used and or disclosed in order to carry out treatment, payment or health care operations.

“Psychotherapy notes” are given heightened confidentiality protections and, with some exceptions described below, your prior authorization is generally required for any use or disclosure of psychotherapy notes. However, my office is permitted by law to use your PHI that does not consist of psychotherapy notes for treatment, payment and health care operations without obtaining your prior authorization. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record, including demographic information, that could identify you and that relates to your past, present or future physical or mental health or condition and related health care services.
- “Psychotherapy Notes” refer to notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session AND that are separated from the rest of the individual’s medical record. In a general sense, “psychotherapy notes” are the communications, notations and thought process notations made by a psychotherapist that pertain to information coming out of a conversation with a patient during any therapy session. “Psychotherapy Notes” excludes counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.
- “Treatment, Payment and Health Care Operations”. **Treatment** refers to the provision, coordination or management of your health care and other services related to your health care. For example, my office is permitted by law to consult with another

health care provider, such as your family physician or another psychologist, regarding your treatment without obtaining your prior authorization. However, except with respect to treatment by me, your psychotherapy notes will not be used or disclosed for treatment purposes without your prior authorization.

Payment refers to activities necessary for this office to obtain reimbursements for the provision of your healthcare. For example, your PHI may legally be disclosed to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage without your prior authorization.

Health Care Operations refer to activities needed to support the business functions of my office. For example, my office is legally permitted to use or disclose your PHI for purposes of quality assessment and improvement activities, legal compliance activities and auditing functions without obtaining your prior authorization.

- “Use” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. **Additional Uses and Disclosures Permitted or Required**

In some circumstances, my office will be required by law to use or disclose your PHI without requiring your written authorization. In other circumstances, my office will be legally permitted, using my professional discretion, to use or disclose your PHI without your written authorization. In some cases in which I am not required to obtain your written authorization, I may nevertheless be required to give you notice of the use or disclosure or to follow other procedures designed to protect you. Generally, even if no authorization is required for disclosure of your PHI, your psychotherapy notes will not be disclosed without your prior authorization. However, I have indicated below those instances in which no authorization is legally required for the disclosure of your psychotherapy notes.

REQUIRED USES OR DISCLOSURES WITHOUT YOUR PERMISSION:

- **HIPAA Compliance:** Disclosure to the Secretary of Health and Human Services (“HHS”), or any other officer or employee of HHS to whom the authority involved has been delegated, is required in order to allow HHS to investigate or determine my compliance with federal privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Note that no authorization is required for the disclosure of your psychotherapy notes.
- **Child Abuse:** Missouri State Law [210.115] requires reporting to the Department of Social and Rehabilitation Services, or appropriate law enforcement agencies if the Department is

closed, whenever there is a reason to suspect that a child has been injured as a result of physical, mental or emotional abuse or neglect or sexual abuse. Note that no authorization is required for the disclosure of your psychotherapy notes.

- **Elder Abuse:** To the extent that there is a reasonable belief that an adult has been injured as a result of adult abuse, neglect or exploitation of a resident of an adult care home or other facility, the provisions of HIPAA, as read in conjunction with Missouri State law [565.188], would require reporting to the State Department of Health and Environmental Services. Note that no authorization is required for the disclosure of your psychotherapy notes.
- **Medicaid Fraud Control:** Missouri State law [191.910] requires that all health care providers who participate in the Medicaid program allow the Attorney General to access all records that are directly related to an alleged violation of the Medicaid Fraud Control Act. Note that no authorization is required for the disclosure of your psychotherapy notes.
- **As Required by Other Law:** Other current or future federal or state laws may require disclosure of your PHI, including your psychotherapy notes, without your authorization.

PERMITTED USES OR DISCLOSURES WITHOUT YOUR PERMISSION:

- **Health Oversight Activities:** My office may legally disclose your PHI to a health oversight agency for oversight activities authorized by law, including audits, civil administrative or criminal investigations or actions, licensure or disciplinary actions; or other oversight activities. Note that no authorization is required to the disclosure of your psychotherapy notes
- **Imminent Threat to Health or Safety:** My office may legally use or disclose your PHI if, in good faith, I believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. Note that no authorization is required for the disclosure of your psychotherapy notes.

- *Public Health Activities.* My office may legally use or disclose your PHI for certain public health activities, such as reporting to public health authorities or reporting to a person subject to the jurisdiction of the Food and Drug Administration.

- *Judicial and Administrative Proceedings:* Your PHI may legally be disclosed in the course of a judicial or administrative proceeding in response to a court order, or in response to a subpoena, discovery request, or other lawful process whereby you have been afforded certain procedural rights to assert your state statutory privileges against disclosure of your mental health treatment records pursuant to Kansas State law.

- *Law Enforcement Activities:* My office may legally disclose your PHI for limited law enforcement activities.

- *Specialized Government Functions:* My office may legally disclose your PHI for specialized government functions, such as to authorized federal officials for national security activities.

- *Worker's Compensation:* My office may legally 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.

USES AND DISCLOSURES REQUIRING AN OPPORTUNITY FOR YOU TO ORALLY OBJECT OR AGREE:

- *Persons Involved with Your Care or Payment for Your Care:* After giving you the opportunity to orally object or agree, limited PHI pertaining to you may be disclosed to a family member, other relative, or close personal friend for purposes of that individual's involvement with your care or payment of your care. If you and another person involved with your care or payments for your care are present together, it may be reasonably inferred that you do not object to disclosures to that person, unless you do in fact object. In cases of emergencies or your incapacitation where there is no opportunity for you to agree or object, your PHI may be disclosed if, in my professional judgment, it is in your best interest as necessary for another person to act on your behalf.

- *Disaster Relief:* After giving you the opportunity to orally object or agree, limited PHI pertaining to you may be disclosed to a public or private health entity authorized by law or its charter to assist in disaster relief efforts. You may not be afforded an opportunity to object or agree if, in my professional judgment, such opportunity would interfere with the ability to respond to an emergency.

III. **Uses and Disclosures Requiring Written Authorization**

Uses and disclosures of your PHI other than as described in Sections I and II above, will be made only with your written authorization. Other than as noted above or as required by law, a separate authorization will be obtained for any disclosures of your psychotherapy notes. You may revoke all authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. Of course, I will not be able to retrieve any information already used or disclosed with your permission prior to the revocation of your authorization.

IV. **Your Rights and My Duties**

PATIENT RIGHTS

- *Right to Request Restrictions:* You have the right to request restrictions on certain uses and disclosures of your PHI. Such requests must be in writing. I legally am given the right to not agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:* You have the right to make reasonable requests to receive confidential communications of PHI by alternative means and at alternative locations. (For example, if you do not want bills sent to your home address, or calls made to your home address, I will use an alternate address and telephone numbers specified by you. You are not required to explain the reasons for your request.)
- *Right to Inspect and Copy:* Generally, you have the right to inspect and obtain a copy 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. However, although you may authorize the use or disclosure of your psychotherapy notes to this office or to a third party, you do not legally have the right to access and copy them yourself. In addition, there are other limited instances in which access to your PHI may be denied. If access is denied to you or your personal representative based on my professional judgment that denial of access is justified to protect your safety or that of another person, you will have the right to have the denial access reviewed by a licensed health care professional designated by my office. If you would like further details regarding the denial and review process, as well as any other questions you have about accessing your PHI, please ask.

- *Right to Amend:* You have the right to request an amendment of PHI for as long as the PHI is maintained in my records. Requests for an amendment must be in writing and must be supported by a reason. Your request may be denied if I believe that your PHI is

accurate and complete as is and may also be denied based on certain other limited grounds. The basis for my denial will be conveyed to you in writing and you will be allowed to file a written statement in response to the denial that will be included in your record and will accompany future disclosures of your record. If you would like further details regarding the amendment process, please ask.

- *Right to an Accounting:* You have the right to receive an accounting of disclosures (although not uses) of PHI made by my office in the six years prior to the date on which the accounting is requested (not to include information prior to April 14, 2003). However, I am not required to provide an accounting for disclosures to carry out Treatment, Payment and Health Care Operations, disclosures made to you, disclosures incident to a use or disclosure otherwise permitted or required, disclosures pursuant to an authorization, disclosures to persons involved in your care, disclosures for national security or intelligence purposes, disclosures to a correctional institution or law enforcement, disclosures as part of a limited data set, as permitted by law, or disclosures that occurred prior to April 14, 2003. Please feel free to ask if you would like further details regarding the accounting process.
- *Right to a Paper Copy:* Upon request, you have the right to obtain a paper copy of this Notice of Privacy Practices, even if you have agreed to receive this notice electronically.

MY DUTIES

- *Notice of Privacy Practice.* My office is 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 do this by giving you a copy of my Notice of Privacy Practices.
- *Revision of Notice of Privacy Practices:* My office is required to abide by the terms of its current Notice of Privacy Practices. However, I reserved the right to change my privacy policies and practices described in this notice and to make the new notice provisions effective for all PHI that I maintain, even for PHI received or generated under the old notice.
- *Distribution of Revised Notice of Privacy Practices:* My revised Notice of Privacy Practices will be made available to you upon request after the effective date of the revision and will be posted in an clear and prominent location at my office. In addition, my revised Notice of Privacy Practices will be made available on any web site that my office may maintain.

V. **Complaints**

If you believe that your privacy rights have been violated, you have a right to file a complaint with my office and/or with the Secretary of the Federal Department of Health and Human Services. In order to file a complaint with my office, contact my office at (816) 444-5511, ext.

101. In order to file a complaint with the Secretary, contact the Office for Civil Rights, U.S. Department of Health and Human Services, 601 East 12th Street, Room 248, Kansas City, MO 64106, (816) 426-7278; (816) 426-7065 TDD; (816) 426-3686 FAX. Filing a complaint will not result in any retaliatory action against you.

Contact: If you have any questions or would like additional information regarding this Notice or my health information privacy policies, please contact my office at (816) 444-5511, ext. 101.

VI. **Effective Date**

This notice will go into effect on April 14, 2003.