

Shannon Loehr, MSW, LCSW

HIPAA COMPLIANCE PROGRAM

Notice of Privacy Practices

I. This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Gain Access to this Information. Please Review it Carefully.

II. My Duty to Safeguard Your Protected Health Information.

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered “Protected Health Information” (“PHI”). I am required to extend certain protections to your PHI, and to give you this Notice about my privacy practices that explains how, when, and why I may use or disclose your PHI. Except in specified circumstances, I must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

I am required to follow the privacy programs described in this Notice, though I reserve the right to change my privacy practices and the terms of this Notice at any time. If I do so, I will post a new Notice at my practice location. You may request a copy of the new Notice from me.

III. How I May Use and Disclose Your Protected Health Information

I use and disclose PHI for a variety of reasons. I have a limited right to use and/or disclose your PHI for purposes of treatment and payment for my services. For uses beyond that, I must have your written authorization unless the law permits or requires me to make the use or disclosure without your authorization. If I disclose your PHI to an outside entity in order for that entity to perform a function on my behalf, I must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that I must apply to your PHI. However, the law requires that I be permitted to make some uses/disclosures without your consent or authorization. The following offers more description and some examples of my potential uses/disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

Generally, I may disclose your PHI as follows:

For treatment: I may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be

shared among other members of your treatment team. Your PHI may also be shared with outside entities performing ancillary services related to your treatment, such as consultation purposes or coordination of your care.

To obtain payment: I may use/disclose your PHI in order to bill and collect for your health care services. For example, I may release portions of your PHI to an insurer to be paid for services I delivered to you.

Statements: Unless you provide me with alternative instructions, I may send a statement for payment to your home.

Uses and Disclosures Requiring Authorizations: For uses and disclosures beyond treatment, payment, and operations, I am required to have your written authorization, unless the use or disclosure falls within one of the exceptions below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that I have already undertaken an action in reliance upon your authorization.

Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization: The law provides that I may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

When required by law: I may disclose PHI when a law requires that I report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. I must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For public health activities: I may disclose PHI when I am required to collect information about disease or injury, or to report vital statistics to the public health authority.

For health oversight activities: I may disclose PHI to an agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

Relating to decedents: I may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye or tissue donations, or transplants.

For research purposes: In certain circumstances, and under the supervision of a privacy board, I may disclose PHI to assist in medical research.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, I may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: I may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Uses and Disclosures of PHI from Alcohol and Other Drug Records Not Requiring Consent or Authorization: The law provides that I may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

When required by the law. I may disclose PHI when a law requires that I report information about suspected child abuse or neglect, or when a crime has been committed on the practice premises or against practice personnel, or in response to a court order.

Relating to decedents: I may disclose PHI relating to an individual's death if state or federal law requires the information or collection of vital statistics or inquiry into the cause of death.

For research, audit, or evaluation purposes: In that I report information about suspected child abuse or neglect, or when a crime has been committed on the practice premises or against practice personnel, or in response to a court order.

Relating to decedents: I may disclose PHI relating to an individual's death if state or federal law requires the information or collection of vital statistics or inquiry into the cause of death.

For research, audit, or evaluation purposes: In certain circumstances, I may disclose PHI for research, audit, or evaluation purposes.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, I may disclose PHI to law enforcement when a threat to made to commit a crime on the practice premises or against practice personnel.

Uses and Disclosures Requiring You to have an Opportunity to Object: In the following situations, I may disclose a limited amount of your PHI if I inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law. However, if there is an emergency and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosures as soon as you are able to do so.

To families, friends, or others involved in your care: I may share with these people information directly related to their involvement in your care, or payment for your care. I may also share PHI with these people to notify them about your location, general condition, or death.

IV. Your Rights Regarding Your Protected Health Information: You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that I limit or not disclose your PHI. I will consider your request, but I am not legally bound to agree to the restriction. To the extent that I do agree to any restrictions on my use/disclosure of your PHI, I will put the agreement in writing and abide by it except in emergencies. I cannot agree to limit uses/disclosure that is required by law.

To choose how I contact you: You have the right to ask that I send you information at an alternative address or by alternative means. I must agree to your request as long as it is reasonably easy for me to do so.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI upon your written request. I will respond to your request within 30 days. If I deny your access, I will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copies and to have prior information on the cost of copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in my record of your PHI, you may request in writing that I correct or add to the record. I will respond within 60 days of receiving your request. I may deny the request if I determine that the PHI is (i) correct and completed; (ii) not created by me and/or not part of my records, or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If I approve the request for amendment, I will change the PHI and so inform you, and tell others who need to know about the changes in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose and what content of your PHI has been released other than instances of disclosure for treatment, payment, and operations; to you, your family, or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before January 1, 2013. I will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list per year. There may be a charge for more frequent requests.

To receive this notice: You have a right to receive a paper copy of this notice upon request.

V. How to Complain about my Privacy Practices:

HIPPA Compliance Program

If you think I have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you may file a complaint with me. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you make such a complaint.

VI. Effective Date: This Notice was effective January 1, 2013.

Acknowledgement: I have read and understand this Notice. I waive my right to a copy of it. I may request and receive a copy of this Notice at any time

Printed Name(s)

Signature(s) and Date

The HIPAA Compliance Program is proprietary information belonging to the CIMS Group, Inc.

Any unauthorized use or duplication, in whole or in part, is strictly prohibited.

Shannon Loehr, MSW, LCSW