



NOTICE OF PRIVACY PRACTICES

Notice of Privacy Practices

THIS NOTICE DETAILS HOW PERSONAL HEALTH INFORMATION MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DETAILS HOW YOU MAY ACCESS YOUR PERSONAL HEALTH INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

I: MY PLEDGE REGARDING YOUR PERSONAL HEALTH INFORMATION:

Your health record contains personal information about you and your health. This information (that may identify you and that relates to your past, present, or future physical or mental health and related health care services) is referred to as Protected Health Information (PHI). As part of participation in psychotherapy services I will create a record of the services you receive. This record assists me in providing you with quality care and fulfills certain legal and billing requirements. This Notice of Privacy Practices (Notice) applies to all of the record of your care generated by my mental health practice and describes how I may use and disclose your PHI in accordance with applicable law and the American Counseling Association Code of Ethics. It also describes your rights to gain access to and control your PHI. I am required by law to maintain the privacy of your PHI and to provide you with this Notice. I am required to abide by the terms of this Notice. I can change the terms of this Notice at any time, and any new Notice will be effective for all PHI that I maintain at that time. The new Notice will be made available upon request, in my office, or via electronic means. The current date of this Notice is noted at the bottom of this document.

II: HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe the ways in which I may use and disclose health information. For each category of uses or disclosures explanations/ examples will be provided.

Treatment: Federal privacy regulations allow health care providers who have a direct treatment relationship with a patient/client to use or disclose the patient/client's PHI without written authorization in order to provide, coordinate or manage their health care treatment. The word treatment includes among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient/ client for health care from one health care provider to another.

Payment: I may use and disclose your PHI so I may receive payment for the services rendered. This will only be done with your authorization. Examples of of payment related activities include: determining eligibility or coverage for insurance benefits, processing claims with your insurance provider, and participating in medical necessity or utilization reviews. If collection services are required for a lack of payment, the minimum amount of PHI will be disclosed to allow for collection of fees for services rendered.

Health Care Operations: I may use or disclose your PHI as needed to support my business activities including, but not limited to: quality assessment activities, employee reviews, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform

billing services for me, provided I have a written contract with the party that requires it safeguard the privacy of your PHI. For training or teaching purposes your PHI will only be disclosed with your authorization.

Required by Law: Under the law, I must disclose your PHI to you under 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.

III: CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

I maintain 'psychotherapy notes' as that term is defined in 45 CFR 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- For my use in treating you
- For my use in training or supervising mental health practitioners in aiding improvement of their clinical skills
- For my use in defending myself legal proceedings instituted by you
- For use by the Secretary of the Department of Health and Human Services to investigate my compliance with HIPPA
- Required by law and the use or disclosure is limited to the requirements of such law
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes
- Required by a coroner who is performing duties authorized by law
- Required to help avert a serious threat to the health and safety of others

IV: CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, I may use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. When there is a medical emergency situation and disclosure to medical personnel is required in order to prevent serious harm.
3. When disclosure of information to close family members or friends directly involved in your treatment is necessary to prevent serious harm.
4. For public health activities, including reporting suspected child, elder, or dependent care abuse, or preventing or reducing a serious threat to anyone's health or safety.
5. For health oversight activities authorized by law, including audits, investigations, and inspections. Oversight agencies seeking this information include government agencies, organizations that provide financial assistance to the office (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.
6. For judicial and administrative proceedings, including responding to a court or administrative order (although my preference is to obtain an authorization from you prior to doing so)
7. For law enforcement purposes, to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document; for the purpose of identifying a suspect, material witness or missing person; in connection with the victim of a crime; in connection with a deceased person; in connection with the reporting of a crime in an emergency; or in connection with a crime on the premises.

8. To coroners or medical examiners, when such individuals are performing duties authorized by law.
9. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
10. For specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
11. For workers' compensation purposes - although my preference is to obtain an authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
12. Appointment reminders and health related benefits or services - I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service you paid for out of pocket.

The Right to Choose How I Send PHI to You: You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI (other than "psychotherapy notes"): You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records that are used to make decisions 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. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.

The Right to Get a List of the Disclosures I Have Made: You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

The Right to Correct or Update Your PHI: If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request. If I deny your request for amendment, you have the right to

file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy.

Breach Notification: If there is a breach of unsecured PHI concerning you, I am required to notify you of this breach, including what happened and what you can do to protect yourself.

The Right to Get a Paper or Electronic Copy of this Notice: You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

Complaints: If you believe I have violated your privacy rights, you have the right to file a complaint in writing with Jason Likes, LIMHP, LADC at 11711 Arbor St, Suite 110-M Omaha, NE 68144, 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.

EFFECTIVE DATE OF THIS NOTICE: *This notice went into effect in July 1, 2022.*

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

BY SIGNING BELOW, I AM AGREEING THAT I HAVE RECEIVED A COPY OF THE THERAPIST'S NOTICE OF PRIVACY PRACTICES AND HAVE READ, UNDERSTAND AND AGREE TO THE ITEMS CONTAINED IN THE DOCUMENT.

Client Name (printed)	Client Signature	Date
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Legal Guardian Name (printed)	Legal Guardian Signature	Date
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