

## **NOTICE OF PRIVACY PRACTICES**

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **My Commitment to Your Privacy**

I am personally committed to maintaining the privacy of your services here. In addition, I am required by federal and state law to maintain the confidentiality of protected health information that identifies you as the client.

In the course of providing you services I will create and store records containing health information. Routine and basic information will be kept in your Clinical Record. Especially sensitive information and notes for my own use will be kept separate as Psychotherapy Notes. I may also receive health information from other sources (for example, records from a previous therapist) and I may send health information to another source (for example, the information required to file your insurance).

This notice explains the privacy practices I use in protecting your health information, effective April 14, 2003. I have the right to make changes to these practices if the changes are consistent with applicable law, and I will change this notice if I do so. A copy of the current notice will be available in the waiting room at all times, and you may request a copy of the most current notice at any time.

### **Uses and Disclosures of Health Information**

*“Use” applies to the activities within my practice, such as treatment planning.*

*“Disclosure” applies to activities outside my practice, such as releasing information to another entity.*

- **Uses and Disclosure Based on Your General Consent**

*“Consent” refers to your advance permission for certain activities. By consenting to services in my practice you give your general consent to certain uses and disclosures of your protected health information (PHI). I will release only the minimum necessary information to accomplish the purpose of any disclosure.*

**Treatment, Payment, and Health Care Operations**--I may use or disclose PHI for Treatment (for example, to review progress or consult with your physician), for Payment (for example, to obtain reimbursement), and for Health Care Operations (for example, to assure quality or participate in an audit).

**Communication with You**--I may use or disclose PHI to contact you or to remind you of an appointment.

**Communication with Your Representative**--I may use or disclose PHI to deal with your family member, friend, or other personal representative when it is reasonable to believe this would serve your best interest.

- **Uses and Disclosures Based on Your Authorization**

*“Authorization” refers to your written permission for specific disclosures beyond those allowed with general consent. You may revoke your authorization in writing at any time, but not to the extent that I have already relied on that authorization or am required by law to maintain it.*

**All Records**--I will need your authorization to disclose any PHI for purposes other than Treatment, Payment, Health Care Operations and communication with you and your personal representatives (for example, to share information with a school or employer).

**Psychotherapy Notes**--I will also need your authorization to disclose Psychotherapy Notes to any health plan, and your health plan may not require this authorization as a condition of payment.

- **Uses and Disclosures Requiring Neither Consent nor Authorization**

I may use or disclose your PHI without your consent or authorization as authorized or required by law in special circumstances including the following:

Mandatory Reporting—When I have reasonable cause to believe that a child has been subjected to abuse or neglect or when I have reasonable cause to believe that a vulnerable adult has been subjected to abuse.

Serious Threats to Health or Safety—If you are in danger of self-harm or of harming another.

Health Oversight Activities—For authorized governmental oversight of health care.

Judicial and Administrative Proceedings—To comply with a court order.

Worker's Compensation—If you file a claim and your record contains relevant information.

### **Your Rights as My Client**

Confidential Communication—You may request to receive confidential communication of your PHI by alternative means or at an alternative location (for example, you may request that telephone messages be left at a different number). I will accommodate your reasonable written request, and you do not need to give me a reason for the request.

Access—You may review or get copies of your PHI with some exceptions. You will need to make a written request and pay a reasonable fee for expenses such as copying and time. Because professional records are subject to misinterpretation, I prefer either to be present during an initial review or to forward your records to another mental health professional who can review them with you. If I believe that disclosure of your record may endanger you, I may refuse your request and explain any rights you have to review my refusal.

Amendments—You may ask me to amend your PHI if you believe it is incorrect or incomplete. You will need to make a written request and explain why the PHI should be amended. I may deny your request if it does not meet legitimate standards.

Restrictions—You may request additional restrictions on my use or disclosure of your PHI. You will need to make a written request that states clearly and concisely the information you wish restricted, whether you wish to limit use or disclosure or both, and to whom the restrictions apply. I am not required to agree to your request, but if I do agree, I will honor the agreement unless otherwise required by law.

Account of Disclosure—You may request an accounting of any disclosures of your PHI for which you have provided neither consent nor authorization. You will need to make a written request stating the time period concerned, which may not be longer than six years from the date of disclosure and which may not include dates before April 14, 2003. The first accounting requested within any twelve-month period will be provided at no charge.

### **Questions and Complaints**

If you want more information about any of my privacy practices, please contact me. If you are concerned that I may have violated your privacy rights, or if you disagree with or do not understand a decision I have made about a request, please tell me. You may also submit a written complaint to the US Department of Health and Human Services. I am committed to your right of privacy, and I will not retaliate if you choose to file a complaint.

You may contact me (Laurel Van Ham, Ph.D.) at A Center for Change and Growth, 4150 South Street, Lincoln, NE 68506-1152 or 402/483-1641.