

BMC Notice of Privacy Practices - HIPAA

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Notice of Privacy Practice - HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) establishes patient rights and protections associated with the use of protected health information. HIPAA provides patient protections related to the electronic transmission of data ("the transaction rules"), the keeping and use of patient records ("privacy rules"), and storage and access to health care records ("the security rules"). HIPAA applies to all health care providers, including mental health care providers. Providers and health care agencies are required to provide patients a notification of their privacy rights as it relates to their health care records.

This Patient Notice of Privacy Rights informs you of your rights. Please carefully read this Patient Notice. It is important that you know and understand the patient protections HIPAA affords you as a patient. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship; therefore, I will do all I can do to protect the privacy of your mental health records. If you have questions regarding matters discussed in this Notice, please do not hesitate to ask.

Who Will Follow This Notice

Any health care professional authorized to enter information into your medical record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g., a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

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

I may use or disclose your Protected Health Information (PHI), for treatment, payment, and health care operations purposes. The following should help clarify these terms:

PHI refers to information in your health record that could identify you. For example, it may include your name, the fact you are receiving treatment here, and other basic information pertaining to your treatment.

Use applies only to activities within my office and practice group, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.

Disclosure applies to activities outside of my office or practice group, such as releasing, transferring, or providing access to information about you to other parties.

Authorization is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form.

Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. For example, with your written authorization I may provide your information to your physician to ensure the physician has the necessary information to diagnose or treat you.

Payment Your PHI may be used, as needed, in activities related to obtaining payment for your health care services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.

Uses and Disclosures of Protected Health Information Requiring Authorization

If you request David Amer, LMSW to send any of your protected health information of any sort to anyone outside my office, you must first sign a release of information to this outside party. In recognition of the importance of the confidentiality of conversations between therapist and patients in treatment settings, HIPAA permits keeping "psychotherapy notes" separate from the overall "designated medical record". "Psychotherapy notes" are the therapist's notes "recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group, or joint family counseling session and that are separated from the rest of the individual's medical record." "Psychotherapy notes" are private and contain information about you and your treatment.

Uses and Disclosures without Authorization

The NASW code of ethics, Kansas State law, and the federal HIPAA regulations all protect the privacy of all communications between a client and a mental health professional. In most cases, I can only release information about your treatment to others if a release of information is signed. You may revoke the authorization at any time, unless I have taken action in reliance on it. There are some disclosures that do not require your Authorization. I may use or disclose PHI without your consent in the following circumstances:

- **Child Abuse** – If I have reasonable cause to believe a child may be abused or neglected, I must report this belief to the appropriate authorities.
- **Adult and Domestic Abuse** – If I have reason to believe that an individual such as an elderly or disabled person protected by state law has been abused, neglected, or financially exploited, I must report this to the appropriate authorities.
- **Health Oversight Activities** – I may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information by any party about treatment and the records thereof, such information is privileged under state law, and is not to be released without a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.
- **Serious Threat to Health or Safety** – If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.

Client's Rights and Our Duties

You have a right to the following:

- The right to request restrictions on certain uses and disclosures of your protected health information which I may or may not agree to but if I do, such restrictions shall apply unless our agreement is changed in writing
- The right to receive confidential communications by alternative means and at alternative locations. For example, you may not want forms mailed to your home address so I will send them to another location of your choosing.
- The right to inspect and copy your protected health information in the designated record and any billing records for as long as protected health information is maintained in the record.
- The right to insert an amendment in your protected health information, although the therapist may deny an improper request and/or respond to any amendment(s) you make to your record of care.
- The right to an accounting of non-authorized disclosures of your protected health information.
- The right to a paper copy of notices/information from David Amer, LMSW, even if you have previously requested electronic transmission of notices/information.
- The right to revoke your authorization of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask for further assistance on these matters.

David Amer, LMSW is required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and our duties regarding your PHI. David Amer, LMSW reserves the right to change its privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of these policies when you come for

future appointment(s). My duties in these matters include maintaining the privacy of your protected health information, to provide you with a notice of your rights and our privacy practices with respect to your PHI, and to abide by the terms of the notice unless it is changed and you are so notified.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

Signing this document indicates that you have read, had the opportunity to ask questions, and understand and agree to these policies.