

# KATHRINE ANDERSON COUNSELING

MENTAL AND BEHAVIORAL HEALTH SERVICES

Kathrine C. Anderson, MA, LPC, NCC

## Notice of Privacy Practices

Effective Date: April 14, 2003

PLEASE REVIEW CAREFULLY

*Overview: The first-ever federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers took effect on April 14, 2003. Developed by the Department of Health and Human Services (DHHS), these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country. State laws providing additional protections to consumers are not affected by this new rule.*

### I. What is "medical information?"

The term "medical information" is synonymous with the terms "personal health information" and "protected health information" for purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider (me), health plan or other and relates to the past, present or future physical or mental health or condition of an individual (you); and the provision of health care (e.g. mental health) to an individual (you); or the past, present or future payment for the provision of health care to an individual (you).

I am a mental health care provider and I create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as "medical records" or "mental health records" and this notice among other things concerns the privacy and confidentiality of those records and the information contained therein.

### II. Uses and Disclosures Not requiring the Client's Consent

A. Treatment- Treatment refers to the provision, coordination or management of health care (including mental health care) and related services by one or more health care providers. For example, I may use your information to plan your course of treatment and consult with other colleagues to ensure the most appropriate methods are being used to assist you.

B. Payment- Payment refers to the activities undertaken by a health care provider (including a mental health provider) to obtain or provide reimbursement for the provision of health care. If your health plan requests a copy of your health records or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, I am permitted to use and disclose your personal health information.

C. Health Care Operations-Health Care Operations refers to activities undertaken by Kathrine Anderson that are regular functions of the management and administrative activities. For example, Kathrine Anderson may use your health information in monitoring service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning and accreditation, certification, licensing and credentialing activities.

D. Contacting the client- Kathrine Anderson may contact you to remind you of appointments and to tell you about treatments and other services that may be of benefit to you.

E. Required by Law- Kathrine Anderson will disclose protected health

information to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, regulatory programs or determining compliance with program standards. Example for audits, civil or criminal investigations, licensure or disciplinary actions. If disclosure is compelled by the US Secretary of Health and Human Services to investigate my compliance with privacy requirements under the federal regulations (the "Privacy Rule")

F. Family Members- Except for certain minors, incompetent clients or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.

G. Emergencies- In life threatening emergencies Kathrine Anderson will disclose information necessary to avoid serious harm or death.

H. Disclosures without your Authorization- Kathrine Anderson is required to disclose when an arbitrator or arbitration panel or administrative agency pursuant to a subpoena, notice to appear or any provision authorizing discovery in a proceeding before a court or administrative agency. If a search warrant is lawfully issued to a governmental law enforcement agency. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger. If you tell me of a serious threat (imminent) of physical violence to be committed by you against a reasonably identifiable victim or victims. If I have reasonable suspicion of child abuse or neglect. If in the event of your death, to the coroner in order to determine the cause of your death.

III. Client Authorization or Release of Information- Kathrine Anderson may not use or disclose protected health information in any other way without a signed Authorization or Consent to Release Information. When you sign an Authorization or Consent to Release Information, it may later be revoked, provided that the revocation is in writing. The revocation will apply except to the extent Kathrine Anderson has already taken action in reliance thereon.

#### IV. YOUR RIGHTS AS A CLIENT

A. Access to Protected Health Information: You have a right to inspect and obtain a copy of the protected health information Kathrine Anderson has about you by making a specific request in writing. This right to inspect and copy is not absolute- in other words, I am permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to my "psychotherapy notes." The term "psychotherapy notes" means notes recorded (in any medium) by a health care provider who is 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 (includes mental health) record. The term excludes medication prescription and monitoring, 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.

B. Amendment of your Record- You have the right to amend protected health information in my records by making a request to do so in writing that provides a reason to support the requested amendment. This right to amend is not absolute, in other words, I am permitted to deny the request amendment for specified reasons. You also have the right, subject to limitations, to provide me with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become part of your record.

C. Accounting of Disclosures- You have the right to receive an accounting of certain disclosures Kathrine Anderson has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment or health care operations. I am not required to agree to your requested restriction. If I do agree, I will maintain a written record of the agreed upon restriction. In addition the accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization, or disclosures made prior to April 14, 2003.

D. Additional Resources- You have the right to request additional restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health operations. I am not required to agree to your requested restriction. If I do agree, I will maintain a written record of the agreed upon restriction.

E. Alternative Means of Receiving Confidential Communications- You have the right to receive confidential communications of protected health information from me by alternative means or at alternative locations.

F. You have the Right to obtain a paper copy of this notice from me upon request.

#### V. Additional Information

A. Privacy Laws- Kathrine Anderson is required by State and Federal law to maintain the privacy of protected health information. In addition, Kathrine Anderson is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.

B. Terms of the Notice and Changes to the Notice- Kathrine Anderson is required to abide by the terms of this Notice, or any amended Notice that may follow. Kathrine Anderson reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in Kathrine Anderson's office and will be available upon request.

C. Complaints Regarding Privacy Rights- If you believe your privacy rights may have been violated either by me. You may file a complaint with me by simply providing me with a writing that specifies the manner in which you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful to me. My telephone number is (303) 393-0085. I will not retaliate against you in any way for filing a complaint with me or with the Secretary. Complaints to the Secretary must be filed in writing. A complaint to the Secretary can be sent to the US Department of Health and Human Services, 1961 Stout Street, Room 1426, Denver Colorado 80294 (303) 844-2024, (303) 844-3439, (303) 844-2025.

D. Effective Date- This Notice is effective April 14, 2003.