

JENNIFER REID, LSCSW
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: I may use your PHI to provide you with treatment or services, and to collaborate or consult with other providers regarding your treatment. For example, I may discuss your PHI with a colleague to help provide you with services.

For Payment: I may use and disclose your PHI so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, a third party, or other person. For example, I may bill your insurance company or bill a party who has asked me to provide them with a report.

For Healthcare Operations: I may use and disclose your PHI as necessary to operate my office. For example, I may enter into agreements with other people who do my billing.

For Appointment Reminders: I may use and disclose your PHI to contact you, as a reminder that you have an appointment for treatment. I may also leave a reminder on your answering

machine/voice mail system unless you tell me not to or send you a reminder as an SMS text message/electronic mail message (but only if you have given me your mobile phone number or email address and indicated you want to receive electronic communications).

For Treatment Alternatives: I may use or disclose your PHI to tell you about or recommend other possible treatment options or to let you know about treatments that might be of interest to you.

As Required by Law: I may disclose your PHI when required to do so by federal, state or local law. This may include reporting of communicable diseases, wounds, abuse, disease/trauma, health oversight matters, and other public policy requirement.

To Avert a Serious Threat to Health or Safety: I may use or disclose your PHI when it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Public Health Activities: I may disclose your PHI for public health activities. These activities generally include the following reporting and notifications: to prevent or control disease, injury or disability (e.g. disease or trauma registries); to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: I may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, licensing functions, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, I may disclose your PHI in response to a court or administrative order. I may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by which someone else is involved in a lawsuit.

Child Victims of Crime, Child Abuse, Adult Abuse: I am required by law to report when I have information that a child is the victim of a crime or when I have reason to suspect child or adult abuse. I am permitted to provide testimony when the welfare of a child is in issue.

Criminal Activity: If there is evidence that services were sought to assist with a crime or a tort, then information may be disclosed to the court.

Court Ordered Evaluations: If the court orders me to perform an evaluation, the information is not confidential and may be disclosed.

OTHER USES AND DISCLOSURES AND REVOKING A PREVIOUS AUTHORIZATION TO USE OR DISCLOSE YOUR PHI

Other uses and disclosures of PHI not covered by this notice or the laws that apply to clinical social work services will be made only with your written authorization. If your written authorization has been given to me, you may revoke that authorization, in writing, at any time. To revoke an authorization you must do so in writing and provide that written revocation to me. If you revoke your authorization, I will no longer use or disclose your PHI for the reasons covered by your written authorization, but I cannot take back any disclosures I have already made with your permission.

YOUR RIGHTS REGARDING YOUR PHI

Although your health record is my physical property, the information belongs to you. You do not have the right to remove your original record from my office; however, you do have the following rights regarding PHI I maintain about you:

Right of Access to Inspect and Copy: You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is 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.

Right to Amend Your Records: If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. 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.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. 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 of health care operations, and the PHI pertains to a health care item or service you paid for out of pocket. In that case, I am required to honor your request for a restriction.

Right to Request Confidential Communications: You have the right to request that I communicate with you about your treatment in a certain way or at a certain location. To request confidential communications, you must give me a written request. I will not ask you the reason for your request but I may ask for clarification so I can understand your request. You are not required to give an explanation. I will try to accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

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

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice contact me.

MAKING A COMPLAINT

You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a written complaint with me or with the Secretary of the Department of Health and Human Services at U.S. Department of Health & Human Services-Office of Civil Rights, 601 East 12th Street - Room 248, Kansas City, MO 64106, (816) 426-7278; (816) 426-7065; (TDD)(816) 426-3686.

**IF YOU NEED ASSISTANCE, WISH TO EXERCISE YOUR PRIVACY RIGHTS,
OR HAVE QUESTIONS ABOUT THIS NOTICE CONTACT
JENNIFER REID, LSCSW at 643 N. Armour St., Wichita, KS 67206-1515; 316.304.3873**