

Notice of Privacy Practices (HIPAA)

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NOTICE OF PRIVACY PRACTICES (HIPAA)

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

Your Information. Your Rights. My Responsibility.

I understand that health information about you and your health care is deeply personal. As a Licensed Specialist Clinical Social Worker (LCSW) in Kansas, I am committed to protecting your privacy while creating a record of the care and services you receive to provide quality treatment and comply with legal requirements.

I. Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you:

- **Get an electronic or paper copy of your record:** Other than "psychotherapy notes" (defined in 45 CFR § 164.501), you have the right to inspect and obtain a copy or summary of your medical record. I will provide this within 30 days of your written request and may charge a reasonable, cost-based fee.
- **Correct or update your record:** If you believe there is a mistake or missing information in your PHI, you can ask me to correct it in writing. I may say "no" if I believe the current information is accurate, but I will give you a written reason within 60 days.
- **Request confidential communications:** You have the right to ask me to contact you in a specific way (e.g., home or office phone) or send mail to a different address. I will agree to all reasonable requests.
- **Ask me to limit what I use or share:** You can ask me not to use or share certain PHI for treatment, payment, or operations. I am not required to agree, and I may say "no" if it affects your care.
- **Restrict disclosures for out-of-pocket services:** If you pay for a service or health care item out-of-pocket in full, you have the right to request that I do not share that information with your health insurance plan for payment or operations, and I will honor that request.
- **Get a list of those with whom I've shared information:** You can request an accounting of disclosures made in the six years prior to your request date (excluding treatment, payment, operations, or disclosures you explicitly authorized). I will respond within 60 days. The first list in a 12-month period is free; additional requests will incur a reasonable cost-based fee.

- **Get a copy of this privacy notice:** You have the right to receive a paper or electronic copy of this notice at any time, even if you previously agreed to receive it by email.
 - **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights. (Note: Under Kansas law, minors 14 or older who lawfully consent to their own outpatient mental health care retain control over their own PHI access).
 - **File a complaint if you feel your rights are violated:** You can complain directly to my office using the contact info above. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. I will not retaliate or penalize you in any way for filing a complaint.
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II. Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me:

- **Sharing with family and friends:** I may provide your PHI to a family member, friend, or someone else you indicate is involved in your care or payment for care, unless you object in whole or in part. In an emergency, I may share this retroactively if it is in your best interest.
 - **Psychotherapy Notes:** Any use or disclosure of "psychotherapy notes" requires your explicit written authorization unless it is for my own use in treating you, training/supervising practitioners, defending myself in a legal proceeding you initiated, or helping avert a serious and imminent threat to safety. If your records contain information regarding federally assisted substance use disorder treatment, any disclosure of those records in a civil, criminal, administrative, or legislative proceeding requires your explicit written authorization or a specialized court order, in accordance with 42 CFR Part 2 rules.
 - **Marketing and Sale of PHI:** As a psychotherapist, I will never sell your PHI or use your information for marketing purposes.
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III. Our Uses and Disclosures

I typically use or share your health information in the following ways without your written authorization:

- **Treat you:** I can use your PHI and share it with other professionals who are treating you. Disclosures for treatment purposes are not limited to the minimum necessary standard.
 - *Example:* Consulting with another licensed clinician about your condition to assist in diagnosis and treatment coordination.
- **Run my practice:** I can use and share your health information to run my private practice, improve your care, and contact you for appointment reminders or alternative treatment options.
- **Bill for your services:** I can use and share your PHI to bill and collect payment from health plans or other entities.
- **Comply with mandatory reporting laws (Kansas Statutes):** Subject to limitations, I must share your information when required by state or federal law. As an LSCSW in Kansas, this includes mandatory reporting of suspected child abuse or neglect (K.S.A. 38-2208) and dependent adult abuse, neglect, or exploitation (K.S.A. 39-1431).
- **Avert a serious threat to health or safety:** I may disclose your PHI to prevent or reduce a serious and imminent threat to your safety or the safety of others (Kansas Duty to Warn standard).
- **Respond to lawsuits, legal actions, and regulatory investigations:** I may disclose PHI for judicial or administrative proceedings in response to a court order. While I prefer to obtain an authorization from you first, records may also be disclosed in response to a lawful subpoena if proper

notification efforts are met, or if subpoenaed by the Kansas Behavioral Sciences Regulatory Board (BSRB) during an official investigation (K.S.A. 74-7508).

- **Other disclosures not requiring authorization:** I may share information for law enforcement purposes (crimes on premises), specialized government functions (military, intelligence, presidential protection), worker's compensation compliance, and to coroners or medical examiners executing lawful duties.
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IV. My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
 - I am required by law to notify you promptly if a breach occurs that may have compromised the privacy or security of your unsecured information.
 - I must follow the duties and privacy practices described in this notice and give you a copy of it.
 - I utilize a secure, HIPAA-compliant Electronic Health Record (EHR) system to manage clinical data and administrative operations. In the event that AI-assisted documentation or transcription tools are used to draft clinical summaries, any generated session audio is permanently deleted immediately following transcription, and the remaining data is securely de-identified and decoupled in accordance with strict security standards to maintain absolute confidentiality.
 - I can change the terms of this Notice. Changes will apply to all information I have about you. The new Notice will be available upon request in my office and on my website.
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Acknowledgement of Receipt of Privacy Notice

By signing below, you acknowledge that you have received or been given access to a copy of this HIPAA Notice of Privacy Practices.
