Notice of Health Information Privacy Practices

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

PLEASE REVIEW IT CAREFULLY.

# Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, be kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we may use and disclose your health information.

# Understanding Your Health Record/Information

Each time you visit the office of KSA Psychological Services, LLC, a record of your visit is made. Typically, this record contains your symptoms, diagnoses, clinical assessments, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

* Basis for planning your care and treatment,
* Legal document describing the care you received,
* A tool with which we are able to assess and continually work to improve the care we provide and the outcomes we achieve.

Understanding what your record is and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

# Your Health Information Rights

Although your health record is the physical property of KSA Psychological Services, LLC, the information belongs to you. You have the right to:

* Obtain a paper copy of this notice of information practices upon request,
* Inspect and copy your health record as provided in 45 CFR 164,524,
* Amend your health record as provided by in CFR 164.528,
* Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
* Request communications of your health information by alternative means or at alternative locations,
* Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
* Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

# Our Responsibilities

We, of KSA Psychological Services, LLC, are required to:

* Maintain the privacy of your health information,
* Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
* Abide by the terms of this notice,
* Notify you if we are unable to agree to a requested restriction, and
* Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

## This notice is effective as of November 1st, 2017 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will make available a revised notice.

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

We may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. To clarify these terms, here are some definitions:

* **“PHI”** refers to information in your health care record that could identify you.
* **“Treatment and Payment”**

-**Treatment** is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.

-**Payment** is when we obtain payment for services we have provided you. An example would be when you provide your credit card for services rendered.

* **“Use”** applies only to activities within our office.
* **“Disclosure”** applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

# Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing the information. We will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are the notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that 1) we have relied on that authorization; or 2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under policy.

# Uses and Disclosures With Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

* **Child Abuse:** If we know or have reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, we must immediately report the information to the local welfare agency, police or sheriff’s department.
* **Adult and Domestic Abuse:** If we have reason to believe a vulnerable adult is being or has been maltreated, or if we have knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, we must immediately report the information to the appropriated agency in this county. We may also report the information to a law enforcement agency.

“Vulnerable Adult” means a person who, regardless of residence or whether any type

of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:

-that impairs the individual’s ability to provide adequately for the individual’s own care without assistance, including the provision of

food, shelter, clothing, health care, or supervision,; and

-because of the dysfunction or infirmity and the need for assistance,

the individual has an impaired ability to protect him/herself from maltreatment.

* **Health Oversight Activities:** The Minnesota Board of Psychology may subpoena records from us if they are relevant to an investigation it is conducting.
* **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that we have provided to you and/or the records thereof, such information is privileged under state law and we must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. We will inform you in advance if this is the case.
* **Serious Threat to Health or Safety:** If you communicate a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim, we must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. We must also do so if a member of your family or someone who knows you well has reason to believe you are capable of and will carry out the threat. We may also disclose information about you necessary to protect you from a threat to commit suicide.
* **Worker’s Compensation:** If you file a worker’s compensation claim, a release of information from us to your employer, insurer, the Department of Labor and Industry or you will not need your prior approval.

**Patient’s Rights:**

* **Right to Request Restrictions**- You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.
* **Right to Receive Confidential Communications by Alternative Means and at** **Alternative Locations**- You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know you are seeing us. On your request, we will send your bills to another address.
* **Right to Inspect and Copy**- You have the right to inspect and/or obtain a copy of PHI (and psychotherapy notes) in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
* **Right to Amend**- You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
* **Right to an Accounting**- You generally have the right to receive an accounting of the disclosures of PHI for which you have neither provided consent nor authorization. On your request, we will discuss with you the details of the accounting process.
* **Right to a Paper Copy**- You have the right to obtain a paper copy of the notice from us upon request.

# For More Information or to Report a Problem

If you have questions, would like additional information, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact us, KSA Psychological Services, LLC at ksa@ksapsychologicalservices.com.

If you believe your privacy rights have been violated, you can file a complaint with us, or with the Office for Civil Rights, U.S. Department of Health and Human Services. You have specific rights under the Privacy Act. We will not retaliate against you for exercising your right to file a complaint. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201