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Notice of Privacy Practices

Privacy is a very important concern for all those who come to this office. It is complicated because of federal and state laws and the mental health profession. If you have any questions I will be happy to help you.

This notice will tell you about how we handle information about you. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We are also required to tell you about this because of the privacy regulations of a federal law, the **Health Insurance Portability and Accountability Act** of 1996 (**HIPAA**).

Each time you visit us or any doctor's office, hospital, clinic, or any other "healthcare provider," information is collected about you and your physical and mental health. The information we collect from you is called, in the law, **PHI**, which stands for **Protected Health Information**. In this office, PHI is likely to include your history, reasons you came for treatment, diagnoses, treatment plan, progress notes, records we get from others who are treating you, psychological tests and scores, legal matters, and billing/insurance information.

The HIPAA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices, which is called the **Notice of Privacy Practices** or **NPP**. If we change the NPP we will post the new Notice in our office where everyone can see. You or anyone else can also get a copy from me at any time.

How your protected health information can be used and shared

When your information is read by others or me in this office that is called, in the law, "use." If the information is shared with or sent to others outside this office, that is called, in the law, "disclosure." The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed and so we will tell you more about what we do with your information.

Uses and disclosures *with your consent*

After you have read this Notice you will be asked to sign a separate Consent form to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called health care operations. Together these routine purposes are called TPO and the Consent form allows us to use and disclose your PHI for TPO (**T**reatment, **P**ayment and **H**ealth Care **O**perations).

For treatment

We use your medical information to provide you with psychological treatment or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the effects of our services.

We may share or disclose your PHI to others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team we can share some of your PHI with them so that the services you receive will be coordinated.

For payment

We may use your information to bill you, your insurance, or others to be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and what we expect as we treat you. We will need to tell them about when we met, your progress, and other similar things.

For health care operations

There are some other ways we may use or disclose your PHI, which are called health care operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and identity will be removed from what we send.

Other uses in healthcare***Appointment Reminders***

We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, we usually can arrange that. Just tell us.

Research

We may use or share your information to do research to improve treatments. For example, comparing two treatments for the same disorder to see which works better or faster or costs less. In all cases your name, address and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are we will discuss the research project with you and you will have to sign a special Authorization form before any information is shared.

Business Associates

There are some jobs we hire other businesses to do for us. They are called our Business Associates in the law. Examples include a copy service we use to make copies of your health record and a billing service that figures out, prints, and mails our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with us to safeguard your information.

Uses and disclosures *requiring your Authorization*

If we want to use your information for any purpose besides the TPO or those we described above we need your permission on an Authorization form. We don't expect to need this very often.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

Uses and disclosures *NOT requiring your Consent or Authorization*

The laws let us use and disclose some of your PHI without your consent or authorization in some cases.

- We have to report suspected child abuse
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.

- We have to release (disclose) some information to the government agencies which check on us to see that we are obeying the privacy laws.
- We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.
- If we come to believe that there is a serious threat to your health or safety or that of another person (i.e., adult or domestic violence) or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger or the endangered.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect (04/14/03), and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Patient Rights Access

You have the right to look at or get copies of your health information, with limited exceptions. We will charge you a reasonable cost-based fee for expenses such as copies and staff time.

Disclosure Accounting

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Right to an accounting of disclosures

You generally have a right to receive an accounting of disclosures of PHI.

If you have questions or problems

If you need more information or have questions about the privacy practices described above please speak with me. If you have a problem with how your PHI has been handled or if you believe your privacy

rights have been violated, let me know. You have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

If you have any questions regarding this notice or our health information privacy policies, please ask me.

The effective date of this Notice of Privacy Practice is April 14, 2003

We use and disclose PHI for several reasons. Mainly, we will use and disclose (share) it for routine purposes and we will explain more about these below. For other uses we must tell you about them and have a written Authorization from you, unless the law lets or requires us to make the use or disclosure without your authorization. However, the law also says that we are allowed to make some uses and disclosures without your consent or authorization.