

Notice of Privacy Practices

This notice described how medical information about you may be used and disclosed and how you can get access to this information, Please review it carefully.

What is “medical information?”

The term “medical information” is synonymous with the terms “persons 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 others and 2) relates to the past, present or future physical or mental health or condition of an individual (you), 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 and individual (you).

I am a mental health care provider licensed by the Commonwealth of Kentucky through the Department of Occupational Health. 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. The following partial list of the information that may be contained in your mental health record:

1. Name, address, telephone numbers, emergency contacts, insurance information, employment information.
2. Medical information
3. Medication information
4. Family history of mental health issues and medication conditions
5. Agreements about treatment issues
6. Informed consent and financial agreements
7. Therapist disclosure information
8. Clinical tests and assessments
9. Diagnosis, functional status, symptoms
10. Treatment planning information
11. Ssession documentation, progress notes
12. Prognosis
13. All correspondence and reports
14. Documentation related to telephone calls
15. History of disclosures
16. Closing summary
17. Claims data
18. Treatment authorizations
19. Requests for additional sessions
20. Releases of information

Uses and disclosures without your authorization—For treatment, payment or health care operations

Federal privacy rules (regulations) allow health care providers (me) who have a direct treatment relationship with the client (you) to use or disclose the client’s personal health information, without the client’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. I may also discuss your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization.

An example of a use or disclosure for treatment purposes. If I decide to consult with another licensed health care provider about your condition, I would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist me in the diagnosis or treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because physicians and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care among health care providers or by a health care provider with a third party, consultations between health care providers, and referrals of a client of a health care from one health care provider to another.

An example of a use of disclosure for payment purposes. 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.

An example of a use or disclosure for health care operations purposes. If your health plan decides to audit my practice in order to review my competence and my performance, or to detect possible fraud or abuse, your mental health records may be used or disclosed for those purposes.

PLEASE NOTE: I may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your prior written authorization is not required for such contact.

Other Uses and Disclosures Without Your Authorization: I may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

1. If disclosure is compelled by a court pursuant to an order of that court
2. If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority
3. If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a subpoena, duces tecum (e.g., a subpoena, for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.
4. If disclosure is compelled by a board, commission or administrative agency pursuant to an investigative subpoena pursuant to its lawful authority..
5. If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena, duce tecum (e.g., a subpoena for mental health records), or

- any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.
6. If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.
7. If disclosure is compelled by the client or the client’s representative pursuant to Kentucky Statute ____ Disclosure of Confidential Information.
8. If disclosure is compelled or by the Kentucky Child Abuse and Reporting Act (for example if I have reasonable suspicion of child abuse or neglect).
9. If disclosure is compelled by the Kentucky Elder/Dependent Abuse Reporting Act Law (for example, if I have reasonable suspicion of elder abuse or dependent adult abuse).
10. 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.
11. If disclosure is compelled or permitted by the fact that you tell me of a serious threat (imminent) of physical violence to be committed by you against a reasonably identifiable victim or victims.
12. If disclosure is compelled or permitted, in the fact of your death, to the coroner in order to determine the cause of your death.
13. As indicated above, I am permitted to contact you without your authorization to provide appointment reminders or information about alternatives or other health-related benefits and services that may be of interest to you. Be sure to let me know where and by what means (e.g., email, telephone, letter, fax) you may be contacted.
14. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, including but not limited to audits, criminal or civil investigations, or licensure or disciplinary actions. The Kentucky Department of Regulatory Agencies, who license mental health counselors, is an example of a health oversight agency.
15. If disclosure is compelled by the U.S. Secretary of Health and Human Services to investigate or determine my compliance with privacy requirements under the federal regulations (the “Privacy Rule”).
16. If disclosure is otherwise specifically required by law.

PLEASE NOTE: The above list is not an exhaustive list, but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information “in a specific and meaningful fashion.” You may revoke your written authorization at any time, provided that the revocation is in writing and except to the extent that I have taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for you. If Kentucky law protects your confidentiality or privacy more than the federal “Privacy Rule” does, or if Kentucky law gives you greater rights than the federal rule does with respect to access to your records, I will abide by the Kentucky law. In general, uses or disclosures by me of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when I request your personal health information from another health care provider, health plan, or healthcare clearinghouse, I will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above, the section dealing

with uses or disclosures for treatment purposes, the “minimum necessary” standard does not apply to disclosures to or requests by a health care provider for treatment purposes because health care providers need complete access to information in order to provide quality care.

Your Rights Regarding Protected Health Information

1. You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. I am not required to agree to your requested restriction. If you request a restriction that I feel will adversely impact treatment, payment, or health care operations, I will refer you to another health care provider.
2. You have the right to receive confidential communications of protected health information from me by alternative means or at alternative locations.
3. You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. The 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 “counseling notes.” The term “counseling notes” means notes recorded (in any medium) by a health care provider who is a 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.
4. 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 requested 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 our records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.
5. You have the right to receive an accounting from me of the disclosures of protected health information made by me in the six years prior to the date on which the accounting is requested. As with other rights, the right is not absolute—in other words, I am permitted to deny the request for specified reasons. For instance, I do not have to account for disclosure made in order to carry out my own treatment, payment or health care operations. I also do not have to account for disclosures of protected health information that are made with your written authorizations, since you have a right to receive a copy of any such authorization you might sign.
6. You have the right to obtain a paper copy of this notice from me upon request.

PLEASE NOTE: In order to avoid confusion or misunderstanding, I ask that if you wish to exercise any of the rights enumerated above, that you put your request in writing and deliver or send the writing to me. If you wish to learn more detailed information about

any of the above rights, or their limitations, please let me know. I am willing to discuss any of these matters with you. As mentioned elsewhere in this document, I am a solo practitioner and therefore am responsible for all privacy matters of this practice.

My Duties I am required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to let you know of my legal duties, your rights, and my private practices with respect to such information. I am required to abide by the terms of the notice and /or my privacy practices and to make the changes effective for all protected health information that I maintain, even if it was created or received prior to the effective date of the notice revision. If I make a revision to this notice, I will make the notice available at my office upon request on or after the effective date of the revision and I will post the revised notice in a clear and prominent location.

As a solo practitioner, I have the duty to develop, implement and adopt clear privacy policies and procedures for my practice and I have done so. I am the individual who is responsible for assuring that these privacy policies and procedures are followed not only by me, but any employee that may work for me in the future. I will train any employee who may work for me so that they may understand my privacy practices. In general, client records, and information about clients, are treated as confidential in my practice and are released to no one without the written authorization of the client, except as indicated in this notice or except as may be otherwise permitted by law. Client records are kept secured so that they are not readily available to those who do not need them.

You may complain to me and to the Secretary of U.S. Department of Health and Human Services if you believe your privacy rights may have been violated by me. You may provide your complaint in writing that specifies the manner in which you believe the violation occurred, the approximate date of the occurrence, and any details that you believe will be helpful. I will not retaliate against you in any way for filing a complaint with me or with the Secretary. You can also file a complaint through the State Licensing Board of Professional Counselors at Frankfort, KY. Complaints to the Secretary must be in writing. A complaint to the Secretary can be sent to U.S. Health and Human Services Department, Office for Civil Rights, 200 Independence Ave., S.W. Room 509F, Washington DC. 20201.

If you need or desire further information related to this Notice or its contents, or if you have any questions about this Notice or its contents, please feel free to contact me. I will do my best to answer your questions and to provide you with additional information.

Center for Child and Family Counseling

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