

Kristen Cheesman, MA, LMFT, CFI

NOTICE OF PRIVACY RIGHTS

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

During the process of providing services to you, I as the provider will obtain, record and use mental health and medical information about you that is protected health information. Ordinarily, that information is confidential and will not be used or disclosed, except as described below.

The provider will use and disclose protected health information in the following ways:

1. **Treatment.** Treatment refers to the provision, coordination or management of health care, including mental health care, and related service by one or more health care provider. For example, the provider will use your information to plan your course of treatment. The provider may consult with professional colleagues or ask professional colleagues to cover calls or the practice for the provider and will provide the necessary information to complete those tasks.
2. **Payment.** Payment refers to the activities undertaken by a health care provider, including a mental health provider, to obtain or provide reimbursement for the provision of health care. The provider will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company or other third party payer for provided services. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name and other information about your condition and treatment.
3. **Required by law.** The provider will disclose protected health information when required by law. This includes, but is not limited to
 - a. reporting child abuse or neglect;
 - b. when court ordered to release information;
 - c. when there is a legal duty to warn or take action regarding imminent danger to others;
 - d. when the client is a danger to self or others or gravely impaired;
 - e. when a coroner is investigating the client's death; or
 - f. to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, or regulatory compliance.
4. **Crimes on the premises or observed by the provider.** Crimes that are observed by the provider or the provider's staff, crimes that are directed toward the provider or staff, or crimes that occur on the premises will be reported to law enforcement.
5. **Business associates.** Some of the functions of the provider may be provided by contracts with business associates. For example, some of the billing, legal, auditing and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

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6. **Involuntary clients.** Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others as necessary to provide the care.
7. **Family members.** Except for certain minors, incompetent clients or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.
8. **Emergencies.** In life threatening emergencies the provider will disclose information necessary to prevent serious harm or death.

The provider may not disclose protected health information in any other way without a signed authorization or release of information. When you sign an authorization or a release of information, you may later revoke that authorization, but this must be done in writing.

YOUR RIGHTS AS A CLIENT

1. **Access to protected health information.** You have a right to inspect and obtain a copy of the protected health information the provider has regarding you. You do not have a right to inspect or obtain a copy of the psychotherapy notes of your provider. There are other limitations to this right, which will be provided to you at the time of your request, if any such limitations apply. To make a request to inspect or obtain a copy of health information pertaining to you, ask your provider.
2. **Accounting of disclosures.** You have a right to receive an accounting of disclosures the provider has made regarding your protected health information.
3. **Alternative means of receiving confidential communications.** You have the right to request that you receive communications of protected health information from the provider by alternative means or at alternative locations. For example, if you do not want the provider to mail bills or other materials to your home, you can request that this information be sent to another address. Also, you can request confidential information be communicated to you through the use of email fax or voicemail messages.
4. **Complaints regarding privacy rights.** If you believe the provider has violated your privacy rights, you have the right to complain to the provider. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, US Department of Health and Human Services, 200 Independence Ave, S.W., Room 515FR HHH Bldg., Washington, D.C. 20201.