

## Notice of Privacy Practices

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

Privacy is a very important concern for all those who come to this office. It is also complicated, because of the many federal and state laws and my professional ethics.

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### A. Introduction: To my clients

This notice will tell you how I handle your health information. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, contact me, Julie Atkinson, for more explanations or more details.

### B. What I mean by your health information

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from me or from others, or about payment for health care. The information I collect from you is called "**PHI**," which stands for "**protected health information**." This information goes into your health care records in my office.

In this office, your PHI is likely to include these kinds of information:

- \_ Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- \_ Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- \_ Diagnoses: These are the medical terms for your problems or symptoms.
- \_ A treatment plan: This is a list of the treatments and other services that I think will best help you.
- \_ Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell us.
- \_ Records I get from others who treated you or evaluated you.
- \_ Psychological test scores, school records, and other reports.
- \_ Information about medications you took or are taking.
- \_ Legal matters.
- \_ Billing and insurance information

There may also be other kinds of information that go into your health care records here.

I use PHI for many purposes. For example, I may use it:

- \_ To plan your care and treatment.
- \_ When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me
- \_ To show that you actually received services from me, which I billed to you or to your health insurance company.
- \_ To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health care records in my office are my physical property, the information belongs to you. You can read your records, and if you want a copy I can make one for you (but I have a fee for the costs of copying and mailing). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask me to amend (add information to) your records, although in some rare situations I don't have to agree to do that.

### **C. Privacy and the laws about privacy**

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me and other healthcare providers to keep your PHI private and to give you this notice about our legal duties and our privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to all of the PHI I keep. It will be posted on my website at [www.canvascounseling.com](http://www.canvascounseling.com) under Forms .

### **D. How your protected health information can be used and shared**

The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared.

#### **1. Uses and disclosures that require your consent or authorization**

As a general rule, I will keep the information that you share with me confidential, unless I have your written consent to disclose certain information.

#### **2. Uses and disclosures that don't require your consent or authorization**

The law requires me to disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when I might do this.

- **Child Abuse Reporting** - If I have reason to suspect that a child is abused or neglected, I am required by Missouri law to report the matter immediately to the Missouri Department of Social Services.

- **Adult Abuse Reporting** - If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by law to immediately make a report and provide relevant information to the Missouri Department of Welfare or Social Services.

- **Court Proceedings** - If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will do all I can within the law to protect your confidentiality. If I am required to disclose information to the court, I will, if at all possible, inform you that this is happening.

- **Serious Threat to Health or Safety** - If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I may need to disclose some of your PHI. I will only do this to persons who can prevent the danger. These precautions may include: Warning the potential victim, or the parent/guardian of the potential victim; Notifying a law enforcement officer; or seeking your hospitalization

- **Workers Compensation** - If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the Insurer, or a certified rehabilitation provider.

- **Records of Minors** - Missouri has a number of laws that limit the confidentiality of the records of minors

- **Emergency:** If it is an emergency, and I am unable to ask if you disagree, I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information, in an emergency, I will tell you as soon as possible. If you don't approve I will stop, as long as it is not against the law.

### **E. Your rights concerning your health information**

\_ You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.

\_ You have the right to ask me to limit what I tell people involved in your care or with payment for your care. I don't have to agree to your request, but if I do agree, I will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.

\_ You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but I have a right to charge you.

\_ If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to your counselor. You must also tell me the reasons you want to make the changes.

\_ You have the right to a copy of this notice. If I change this notice, I will post the new one on my website and you can always request a copy from your counselor.

\_ You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with your counselor and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

\_ You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

**F. If you have questions or problems**

Please let me know if you need more information or have questions about the privacy practices described above.

Julie Atkinson LPC  
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\_\_\_\_\_ I have been provided a copy of Julie Atkinson LPC **Notice of Privacy Practices**

\_\_\_\_\_ We have discussed these policies and I understand that I may ask questions about them at any time in the future.

\_\_\_\_\_ I consent to accept these policies as a condition of receiving mental health services.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

The effective date of this notice is November 1, 2015