



~ Heather M. McKenzie, MS, LCMHCS, BC-TMH ~
Online Counseling and Clinical Supervision

NOTICE OF PRIVACY PRACTICES

This Notice explains how I fulfill my commitment to respect the privacy and confidentiality of your Protected Health Information (PHI). This Notice tells you about the ways I may use and share your PHI, as well as the legal obligations I have. The Notice also tells you about your rights under federal and state laws. The Notice applies to all records held by your provider regardless of whether the record is written, electronic or in any other form. **I am required by law to make sure that information that identifies you is kept private and to make this Notice available to you.**

Your Health Information Rights - When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee. *In limited circumstances, I may deny your request to see or get copies of your records. If you are denied access to health information, you may request that the denial be reviewed by submitting a written request. Another licensed health care professional will review your request and the denial, and I will comply with the outcome of the review.*

Ask me to correct your medical record. You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this. I may say “no” to your request, but I will tell you why in writing within 60 days.

Request confidential communications. You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.

Ask me to limit what I use or share. You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes” unless a law requires me to share that information.

Get a list of those with whom I have shared information. You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.

File a complaint. You can complain if you feel I have violated your rights. I will not retaliate against you for filing a complaint. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Your Health Information Choices - For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, tell me what you want me to do, and I will follow your instructions. In the following cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, I never share your information unless you give me written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient or against your provider or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

How I may Use and Disclose Your information

How do I typically share your health information? I typically use or share your health information in the following ways.

To treat you. I can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run my organization. I can use and share your health information to run my practice, improve your care, and contact you when necessary. Example: I use health information about you to manage your treatment and services in TherapyNotes, the Electronic Health Record system.

To bill for your services. I can use and share your health information to bill and get payment from health plans or other entities. Example: I give information about you to your health insurance plan so it will pay for your services.

How else can I use or share your health information?

I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

To help with public health & safety issues. I can share health information about you for certain situations:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

To do research. I can use or share your information for health research.

To comply with the law. I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law.

To work with a medical examiner or funeral director. I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

To address workers' compensation, law enforcement, and other government requests. I can use or share health information about you:

- For worker's compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

To respond to lawsuits and legal actions. I can share health information about you in response to a court or administrative order, or in response to a subpoena.

Alcohol & Drug Abuse Records. The confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations. Generally, a provider may not share that a patient receives alcohol and drug abuse treatment, or disclose any information identifying a patient as an alcohol or drug abuser unless: 1. The patient consents in writing, 2. The disclosure is allowed by a court order; or 3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

How I may not use or disclose your information.

Except as described in this Notice of Privacy Practices, I will not use or disclose PHI without your written authorization. Specifically, an authorization is required for any use or disclosure of your PHI for marketing purposes, unless the communication is in the form of face-to-face communications made by us to you, or a promotional gift of nominal value provided by us. An authorization is required for any disclosure that constitutes the sale of PHI. Most uses and disclosures of psychotherapy notes require an authorization. If you do authorize us to use or disclose your PHI, you may revoke your authorization in writing at any time.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell us I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

I may contract with individuals or entities called Business Associates to perform various treatment, payment, and health care operations on my behalf. For example, I may disclose your health information to a Business Associate to assist us with claims processing for health care you received. To protect your health information, I require my Business Associates to appropriately safeguard your health information and they sign a legal agreement committing to do so.

For more information see: Consumer Notice <http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

Changes to the Terms of This Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request and on my website. This Notice of Privacy Practices applies to all practice providers. For more information, contact me.

Effective Date: March 1, 2017

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