

## **Nancy S. Kay LPC**

### **HIPAA Notice of Privacy Practices**

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

**Purpose of this notice:** A law known as HIPAA requires this notice. While doing business, Nancy S. Kay LPC. gathers and maintains personal information about you. Nancy S. Kay LPC respects the privacy of our Protected Health Information as required by law. This notice describes our privacy practices and how we protect the confidentiality of your PHI

**Protected Health Information (PHI):** PHI is information that identifies who you are and relates to your past, present, or future physical or mental health condition, the provision of health care to you, or a past, present, or future payment for provision of health care to you.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

**How we protect your PHI:** Access to your PHI is limited to those employees who have a need to use the information for billing, administrative or similar purposes, or who become involved with an issue regarding your health or a claim on your behalf. We maintain appropriate physical, electronic, and procedural safeguards to protect your PHI against unauthorized use or disclosure.

#### **Types of uses and disclosures of PHI we may make without your authorization**

1. Treatment - We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, we may disclose your PHI to her/him in order to coordinate your care.
2. Payment – We may use and disclose your PHI to bill and collect payment for the treatment and services we have provided you. Example: We might send your PHI to your insurance company or health plan in order to get payment for the health care services that we have provided to you. We could also provide your PHI to business associated, such as billing companies, claims processing companies and others that process health care claims for my office.
3. Health Care Operations - We may disclose your PHI to facilitate the efficient and correct operation of our practice. Examples: Quality control – We might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. We may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that we are following applicable laws.

**CMFSRC is also allowed to use and disclose your PHI without your consent or authorization for the following purposes:**

- When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.
- If disclosure is compelled by a party to a proceeding before a court pursuant to its' lawful authority.
- If disclosure is required by a search warrant lawful issued to a governmental law enforcement agency.
- If disclosure is compelled by the client or the client's representative pursuant to state or federal statutes or regulations, such as the Privacy Rule that requires this Notice.
- To avoid harm. We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
- 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 the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
- If disclosure is mandated by the Arkansas or Colorado law.
- If disclosure is mandated by the Arkansas or Colorado Elder/Dependent Adult Abuse Reporting law.
- If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
- For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, we may need to give the county coroner information about you.
- For health oversight activities.
- For specific government functions.
- For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.
- For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.
- Appointment reminders and health related benefits or services. Examples: we may use PHI to provide appointment reminders. We may use PHI to give you information about alternative treatment options, or other health care services or benefits we offer.

- If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.
- If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.
- If disclosure is otherwise specifically required by law.

### **Authorizations**

All other uses and disclosures of your PHI will be made by Nancy S. Kay LPC only with your written authorization. You may revoke your authorization at any time in writing.

### **Your rights concerning your PHI**

1. Access to your personal information – As a matter of federal and state law, you have the right to review and copy your PHI that is in our possession. If you desire access to your PHI, you must notify Nancy S. Kay LPC in writing. We will respond to your request within 30 days. If you request a copy of your PHI, a copy may be provided. A reasonable fee for copying will be charged. However, under federal law, you may not inspect psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administration proceeding.
2. Right to request restrictions – You have the right to request a restriction on how we use and disclose your PHI. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to grant your request. If we do agree to your request, we put those restrictions in writing and abide by them except in emergency situations.
3. Right to amend your PHI – If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. We may deny your request, in writing, if we find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than Nancy S. Kay LPC. Our denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If we approve your request, we will make the change(s) to your PHI. Additionally, we will inform you that the changes have been made, and we will advise all others who need to know about the change(s) to your PHI.
4. Right to request confidential communications – You have the right to request that we communicate with you about your PHI matters in a certain and at a certain location.

Example: You may request that we communicate with you by sealed envelope rather than post card or calling you at work.

5. Right to get a list of disclosures – You are entitled to a list of disclosures of your PHI that we have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family. Neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

**Right to Complain**

You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint in writing to:

Nancy S. Kay LPC  
2894 N McKee Cir.  
Fayetteville, AR 72703

You may also notify the Secretary of the Department of Health and Human Services.

The effective date of this Notice is Jan 1, 2021.