

HIPAA Notice of Privacy Practices

IN ACCORDANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I.

Uses and Disclosures for Treatments, Payments and Health Care Operations:

A client's Protected Health Information (PHI) may be used and disclosed by the client's therapist, our office staff and others outside of our office that are involved in the client's care and treatment for the purpose of providing health care services to the client, to pay health care bills, to support the operations of the therapist's practice, and any other use required by law.

a. Treatment

We will use and disclose the client's PHI to provide, coordinate, or manage the client's health care and any related services. This includes the coordination or management of the client's health care with a third party. For example, with your permission the client's PHI may be provided to the client's primary care physician to ensure that he/she has the necessary information to diagnose or treat the client.

b. Payment

Information may be released as necessary to collect fees owed for professional services. Only information relevant to the financial resolution may be disclosed.

c. Health Care Operations

We may use or disclose, as needed, the client's PHI in order to support the performance and operation of this practice. Examples include quality assurance and improvement activities, business-related matters such as audits and administrative services, case management and care coordination, and conducting training and educational programs.

d. Use

Activities within the office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies the client.

e. Disclosure

Activities outside of the office, such as releasing, transferring, or providing access to information about the client to other parties.

II.

Uses and Disclosures Requiring Authorization

Your therapist and Chris King Counseling LLC may use or disclose PHI for purposes outside Treatment, Payment, or Health Care Operations when your authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the office is asked for information for purposes outside of Treatment, Payment, or Health Care Operations, we will obtain an authorization from

you before releasing this information. Specific authorization is also obtained before releasing the client's psychotherapy notes. You may revoke all such authorizations at any time, provided each revocation is in writing. After that time, we will not use or disclose the client's information for the purposes originally agreed upon. However, we cannot take back any information already disclosed with your permission or that we had used in our office.

III.

Uses and Disclosures Not Requiring Authorization

Chris King Counseling LLC therapists may use or disclose PHI without your consent or authorization in the following circumstances:

a. Abuse or Neglect

Notification of state authorities is required by law if we have reason to suspect child neglect or abuse, or we suspect the abuse, neglect, or exploitation of an elderly or incapacitated adult, or other vulnerable individual. A report to the appropriate government agency is required, usually to the Department of Human Services. Once such a report is filed, we may be required to provide additional information.

b. Health Oversight

If a disciplinary complaint against your therapist at Chris King Counseling LLC is filed with the Oklahoma State Board of Examiners of Psychologists or the Division of Professional Counselor Licensing of the Oklahoma Department of Health or other licensing body; confidential information necessary for response to such a claim or action may be disclosed as part of the proceedings.

c. Judicial or Administrative Proceedings

Release may be ordered by a court, or may be subject to release in the case of legal action related to the records or to a patient's physical, mental, or emotional condition. If the client is involved in a court proceeding and a request is made for information about the client's diagnosis(es) and treatment and records thereof, such information is privileged under State law and will not be released without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when the client is being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

d. Serious Threat to Health and Safety

If the client communicates an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable person, and the client has the apparent intent and ability to carry out that threat, or if the client has a history of physical violence of which we are aware, we have the legal duty to take reasonable precautions. These precautions may include disclosing relevant information from the client's mental health records, which is essential to protect the rights and safety of others. Possible actions could include notification of a family member, notification of law enforcement authorities, notification of individuals at risk of harm, or arrangement for voluntary or involuntary hospitalization.

e. Health Insurance claims:

Most health insurance plans or other third party payers, require the release of PHI in order to process and review claims. This information may include diagnoses, specific treatment plans or goals, details of a patient's history or symptoms, or even more specific details of evaluation or therapy sessions. These third parties are also governed by HIPAA; however, no responsibility or liability can be accepted for subsequent use or misuse of information released under your authorization for the filing of insurance claims. If you have specific questions or concerns about this, you should discuss them with your specific provider and/or your healthcare administrator.

f. Additionally, other laws may dictate the release of information in specific circumstances. For example, in Oklahoma, non-custodial parents are granted the same access to confidential records as the custodial parents as long as their parental rights have not been terminated.

IV.

Patient's Rights and Provider's Duties

You have the following rights with respect to your PHI:

a. Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of PHI about the client. However, Chris King Counseling LLC is not required to agree to a restriction you request.

b. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations

You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.

c. Right to copy of clinical record

Except in unusual circumstances that involve harm or danger to yourself, your child, and/or others or where information has been supplied to your provider confidentially by others, you may examine and/or receive a copy of the clinical record if you request it in writing. The exception to this includes the actual copyrighted forms used to record answers during any testing portion of an evaluation. These forms, however, can be transferred to another mental health professional, who uses them and understands them. Because all of the records generated by this office are professional records, untrained readers may misinterpret them. For this reason, we recommend that you review them in your provider's presence, or have them forwarded to another mental health professional so you can discuss the contents.

d. Right of Review

If your provider refuses your request for access to records, you have a right of review. This means that you have the right to have the decision reviewed by another licensed health care professional. This individual will act as a reviewing official and will not have participated in the original decision to deny access. Other options, in lieu of releasing an entire record, include providing a summary or explanation of the information. Depending upon the amount of records, we are allowed to charge a reasonable, cost based fee for copying, postage, or the preparation of an explanation or summary.

e. Right to Amend

You have the right to request in writing an amendment of PHI for as long as the PHI is maintained in the record. The request may be denied, but on your request, we will discuss the amendment process, and note the request for the amendment in the record. Amending a record does not mean that any portion of the health information will be deleted.

f.

Right to Accounting

You generally have the right to receive an accounting of disclosures of PHI. On your request, the details of what PHI was disclosed and to whom, will be discussed with you.

g. Right to a Paper Copy

You have the right to obtain a paper copy of this notice upon request.

h. Provider's Duties

Your therapist is required by law to maintain the privacy of PHI and to provide you with this notice of legal duties and privacy practices. Chris King Counseling LLC reserves the right to change the privacy policies and practices and terms of this Notice at any time, as permitted by law. Unless we notify you of such changes, the office is required to abide by the terms currently in effect.

V. How We Protect Your Health Information

As you are probably aware, we employ administrative staff with whom we need to share Protected Health Information for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting you and/or your child's privacy and HIPAA requirements. Access to your PHI is restricted to office staff that need to know your health information in order to provide our services to you, and by maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

VI.

Questions and Complaints

If you have questions regarding our privacy practices, or if you are concerned that your privacy rights may have been violated, please contact your provider. You may also send a written question or complaint to the Secretary of the U.S. Department of Health and Human Services, whose address can be provided upon request. We support your right to the privacy of your health information, and will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.