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HIPAA Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), including HIPAA Privacy and Security Rules, you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

This notice describes in detail how personal information about your past, present, or future mental and physical health may be used or disclosed. Your rights related to access of and our duties related to privacy practices are also detailed. Please review it carefully. By signing below, you acknowledge that you have received this notice, reviewed it and understand the information provided.

- I. MY PLEDGE REGARDING HEALTH INFORMATION:** I understand that health information about you and your health care is extremely personal, and I am committed to ensuring that it is kept private. I create the record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this mental health care practice. I am required by law to:
 - A.** Maintain the privacy of all PHI which may identify you.
 - B.** Give you this Notice of my legal duties and protect practices with respect to health information.
 - C.** Follow the terms of the notice that are currently in effect.
 - D.** I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request.

- II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:** The following categories describe different ways that I can use and disclose PHI about you:
 - A. For Treatment or Health Care Operations:** Your PHI may be used and disclosed by those directly involved in your care for the purpose of providing, coordinating, and/or managing your health care treatment and related services. This includes, but is not limited to, clinical supervisors or other treatment team members. Your PHI may only be disclosed to any other consultant, such as a physician or psychiatrist, only with your written authorization. Health care operations include, but are not limited to, treatment planning and review with others who have a direct treatment relationship with you, appointment reminders, billing and payment, clinical documentation, quality assessment activities,
 - B. For Payment:** We may use or disclose PHI about you in order to receive payment for treatment services provided to you with your written authorization. Examples of payment-related activities include: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services to determine medical necessity, or utilization review. These disclosures are

subject to the *minimum necessary standard*, meaning only information pertinent to and/or required to complete these processes will be provided.

- C. Lawsuits, Judicial Proceedings, and Disputes:** Your PHI may be disclosed with your written consent pursuant to a subpoena, discovery request, court or administrative order, or similar lawful process. Information about you or your minor child(ren) may also be disclosed if requested in the course of a lawsuit, but only after efforts have been made to inform you of the request and/or obtain a court order to protect the PHI.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- A.** “Psychotherapy Notes” as defined in 45 CFR § 164.501: any use and disclosure of these notes require your authorization unless the use or disclosure is for a) for my use in treating you, b) for my use in training or supervising mental health practitioners to help them improve their skills in individual, joint, family or group counseling or therapy, c) for my use in defending myself in legal proceedings instituted by you, d) for use by the Secretary of Health and Human Services to investigate my compliance with the Health Insurance Portability and Accountability Act (“HIPAA”), e) required by law and the use or disclosure is limited to the requirements of such law, f) required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes, g) required by a coroner who is performing duties authorized by law, h) required to help avert a serious threat to the health and safety of others.
- B.** Marketing Purposes: As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
- C.** Sale of PHI: As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your authorization for the following reasons:

- A.** When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- B.** For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing a serious threat to anyone’s health or safety.
- C.** For health oversight activities, including audits and investigations.
- D.** For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
- E.** For law enforcement purposes, including reporting crimes occurring on my premises.
- F.** To coroners or medical examiners, when such individuals are performing duties authorized by law.
- G.** For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- H.** Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

- I. For worker's compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
- J. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

- A. Disclosures to family, friends or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

V. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- A. The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to request me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
- B. The Right to Request Restrictions for Out-Of-Pocket Expenses Paid for In Full: You have the right to request restrictions of disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- C. The Right to Choose How I Send PHI to You: You have the right to ask me to contact you in a specific way (for example, cell or home phone) or to send email to different addresses, and I will agree to all reasonable requests.
- D. The Right to See and Get Copies of Your PHI: Other than "psychotherapy notes", you have the right to get an electronic or paper copy of your medical record and other information I have about you. I will provide you with a copy of your record, or a summary of it if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.
- E. The Right to Get a List of the Disclosures: You have a right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you have provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
- F. The Right to Correct or Update Your PHI: If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.

G. The Right to Get a Paper or Electronic Copy of This Notice: You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

Acknowledgement of Receipt of Privacy Notice

By signing below, you are acknowledging that you have received a copy of this HIPAA Notice of Privacy Practices, and that you have read and understand this notice.

Client Name

Client (or Legal Guardian) Signature

Date