

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.

Introduction

I am committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information I collect, and how and when I use or disclose that information. Any reference to “notice” hereafter refers to this document. It also describes your rights as they relate to your protected health information. This Notice is effective **8/01/03**, and applies to all protected health information as defined by federal regulations, including Health Insurance Portability and Accountability Act (HIPAA).

Understanding Your Health Record/Information

Each time you have contact with me a record of your interaction is made. Typically, this record contains your behavioral health history, test results, diagnoses, releases and consents, treatment, treatment plan, evaluation and assessments, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which I or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for planning and marketing,

- A tool with which I can assess and continually work to improve the care rendered and the outcomes achieved

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of me, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

My Responsibilities

I am required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to my legal duties and privacy practices with respect to information I collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if I am unable to agree to a requested restriction on uses and disclosures of your health information, and

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

I reserve the right to change practices and to make the new provisions effective for all protected health information I maintain. Should my information practices change, I will make a copy available to you at your next appointment. A copy of the current privacy notice will always be available.

I will not use or disclose your health information without your authorization, except as described in this notice. I will also discontinue using or disclosing your health information after I have received a written revocation of the authorization according to the procedures included in the authorization. A copy of the current revocation/restriction form will always be available.

For More Information or to Report a Problem

If you have questions and would like additional information, please let me know

If you believe your privacy rights have been violated, you can file a complaint with me or with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint. The address for the OCR is listed below:

Office for Civil Rights

Department of Health & Human Services
50 United Nations Plaza – Room 232
San Francisco, CA 94102
(415) 437-8310 (415) 437-8329 (Fax)

Examples of Disclosures for Treatment, Payment and Health Operations

I will use your health information for treatment.

For example: Information obtained will be recorded in your record and used to determine the course of treatment that should work best for you. If requested in writing by you, I will send a copy of your records to a subsequent healthcare provider.

I will use your health information for payment.

For example: A bill may be sent to you or third-parties. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and procedures.

I will use your health information for regular health operations.

For example: I may staff your case with other professionals for treatment recommendations. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service I provide.

Business associates: I may contact with an outside source to bill your insurance for services. When these services are contracted, I may disclose your health information to my business associate so that they can perform the job I've asked them to do and bill you or third-parties for services rendered. To protect your health information, however, I require the business associate to appropriately safeguard your information.

Notification: I may use or disclose information to notify or assist in notifying a family member, personal representative, or in the event of medical or legal intervention; of your location, and general condition. Pending your consent, I may contact you to provide appointment reminders or other health-related benefits and services that may be of interest to you.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Funeral directors: I may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Public health: As required by law, I may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: I may disclose health information for law enforcement purposes as required by law. Which may include response to a valid subpoena or court order, reports of suspected abuse or neglect, duty to warn, and duty to protect.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that another believes in good faith that I have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Revision Number 1.1.

NOTICE OF PRIVACY POLICIES

FOR

Randi Herman-Roggeman, MC
Licensed Professional Counselor
National certified Counselor
Registered Play Therapist &
Supervisor