

# Jan Stone, MA, LPCC, LLC

## NOTICE OF PRIVACY PRACTICES

*In accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations, this notice was effective April 14, 2003.*

**THIS NOTICE DESCRIBES THE CONFIDENTIALITY OF YOUR MEDICAL RECORDS, HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices details how we may use and disclose your "protected health information" (PHI) to carry out our treatment, payment, or health care operations and for other purposes that are required by law. It also describes your rights to access and control your PHI. PHI is any information we create or receive regarding your past, present or future physical or mental health or condition, related health care services, payment for medical services, and/or demographic information that may identify you.

### **Our Legal Duties**

State and Federal laws require that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed to us in an evaluation, intake, or counseling session are covered by the law as private information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

### **Use of Information**

Information about you may be used by the personnel associated with this office for diagnosis, treatment planning, treatment, and continuity of care. We may disclose it to health care providers who provide you with treatment, such as doctors, nurses, mental health professionals, and mental health students and mental health professionals or business associates affiliated with this office such as billing, quality enhancement, training,

audits, and accreditation. Federal law also allows us to use and disclose your PHI without your permission for workers compensation programs, law enforcement, national security, military activities, coroner or funeral activities, and legal proceedings. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by this office.

Except as noted, verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of this office not to release any information about a client without a signed release of information outside of certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are detailed below, and there may be other provisions provided by legal requirements.

### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

### **Public Safety**

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

### **Abuse or Neglect**

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. In addition we may disclose your PHI if we believe that you have been the victim of abuse, neglect, violence, or a crime victim, and your safety appears to be at risk, we may share this information with law enforcement officials.

### **Prenatal Exposure to Controlled Substances**

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

### **In the Event of a Client's Death**

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

### **Professional Misconduct**

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

### **Required By Law**

We may use or disclose your PHI to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such disclosures. *In this event, you will be notified at the last address on record, so that you may have the opportunity to file for Protective Order when applicable.*

### **Health Oversight**

We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

### **Other Provisions**

When payment for services are the responsibility of the client, or a person who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the time-frame, and the name of the clinic or collection source.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed. Some progress notes and reports may be dictated/typed within the office or by outside sources specializing in (and held accountable for) such procedures.

We may use and disclose PHI in the event in which the office or mental health professional must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information; efforts are made to preserve confidentiality. Please notify us in writing if you require a specialized procedure regarding where we may reach you by phone and how you would like us to identify ourselves

### **Your Rights**

You have the right to request to inspect or obtain a copy of information in your files generated by us, not including therapy notes. The procedures for obtaining a copy of your information is as follows: You may request a copy of your records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. As allowed by law, we may charge a reasonable fee to copy, process, and mail your information.

You have the right to cancel a release of information by providing us a written notice. If you desire to have your information sent to a location different than our address on file, you must provide this information in writing.

You have the right to restrict which information might be disclosed to others. However, as noted in the examples above, we may not be legally bound to abide by them.

You have the right to request that information about you be communicated by other means or to another location. This request must be made to us in writing.

You have the right to disagree with the medical records in our files. You may request that this information be changed. Although we might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your file. You have the right to request amendments to your PHI. You may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal. Please contact your therapist

to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes.

Disclosures made pursuant to a signed authorization by you are also excluded from the accounting. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. The first request will be done at no charge, but any subsequent requests will be at your expense.

You will be offered a copy of this notice for your records. If you later desire a written copy of this notice you may obtain it by requesting it from your therapist.

### **Complaints**

If you have any complaints or questions regarding these procedures, please contact the therapist. We will get back to you in a timely manner. You may also submit a complaint to the U.S. Dept. of Health and Human Services and/or the New Mexico Regulation and Licensing Department. If you file a complaint we will not retaliate in any way.

### **Special Protections in New Mexico**

New Mexico law provides special protection for certain categories of highly confidential health information, including information on mental health, developmental disabilities, HIV/Viral Hepatitis, sexually transmitted diseases, genetics, and alcohol and drug abuse. Uses and disclosures of this information are even more restrictive. Please contact Jan Stone, MA, LPCC for details if you have specific questions.

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Please inform the receptionist if you request a copy of this notice.