

HIPAA NOTICE OF PRIVACY PRACTICES

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

Effective March 5, 2009, Revised September 2017

Riesmeyer Counseling Services, LLC and Kathryn L. Riesmeyer, MA, LPC, NCC only releases information in accordance with state and federal laws and the ethics of the counseling profession.

This notice describes policies related to the use and disclosure of the client's healthcare information.

“Use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.”

TREATMENT

Use and disclose health information to:

- Provide, manage or coordinate care
- Consultants
- Referral sources

PAYMENT

Use and disclose health information to:

- Verify insurance and coverage
- Process claims, collect fees, including collection agencies or other methods of collecting past due payments.

HEALTHCARE OPERATIONS

Use and disclose health information for:

- Review of treatment procedures
- Review of business activities
- Certification
- Staff training
- Compliance and licensing activities

OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT

- Mandated reporting
- Emergencies
- Criminal damage
- Appointment scheduling
- Treatment alternatives
- As required by law

CLIENT RIGHTS

Right to request where we contact you

- **Home** **yes or no**
- **Work** **yes or no**
- **Cell phone** **yes or no**
- **If not, how may we contact you** _____

Right to release your medical records

- A written authorization is needed to release records to others.
- You have the right to revoke release in writing.
- A revocation is not valid to the extent that we have acted in reliance on such previous authorization.

Right to inspect and copy your medical billing records

- Counselor may deny this request.
- There are charges for copying (.35 per page), and mailing (cost of mailing).

Right to add information or amend your medical records

- You may request to amend record.
- You have five days to decide to amend records.
- We have the right to deny the request.
- If denied, you have the right to file a disagreement statement.
- Your disagreement statement and your response will be filed in the record.
- Amendment request must be in writing.

Right to Accounting of disclosures for a five year period

- Exceptions:
- Disclosure for treatment, payment or healthcare operations.
- Disclosures pursuant to a signed release.
- Disclosure made to client.
- Disclosures for national security or law enforcement.

Right to request restrictions on uses and disclosures of your healthcare information

- Must be in writing
- We are not obligated to agree to the restriction.

Right to file a complaint

- Please contact us first to see if we can address your concern or complaint.
- If you choose not to contact us, or are not satisfied with our resolution, you have the right to complain to the U.S. Dept. of Health and Human Services.
- There will be no retaliation

Right to receive changes in policy

- You may request a copy of any future changes.
- Request to privacy officer Kathryn L. Riesmeyer.

Signature paragraph on the Client Consent to Treat form acknowledges and affirms that I have read and understand the above information, have been offered a copy of this form and have access to the form at the provider's website.