

Kristina Farmer, LMFT, PLLC

NOTICE OF CLINICAL POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW PHSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

KRISTINA FARMER, LMFT, PLLC HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). Kristina Farmer, LMFT, PLLC is legally required to protect the privacy of your health information. This information is called “protected health information,” or “PHI”. It is information that can be used to identify you; it is information that we’ve created or received about your past, present or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy policies at anytime. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly notify you of the change. You can also request a copy of this notice from a representative of Kristina Farmer, LMFT, PLLC at any time.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS Kristina Farmer, LMFT, PLLC clinical and support staff may use or *disclose* your *protected health information* (PHI), for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when clinical staff provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when clinical staff consult with another health care provider, such as your family physician or other counselor.
 - *Payment* is when clinical staff obtains reimbursement for your health care. Examples of payment are when clinical or support staff discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within Kristina Farmer, LMFT, PLLC– such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Kristina Farmer, LMFT, PLLC– such as releasing, transferring, or providing access to information about you to other parties.

USES AND DISCLOSURES REQUIRING AUTHORIZATION Kristina Farmer, LMFT, PLLC clinical and support staff may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when clinical staff is asked for information for purposes outside of treatment, payment and health care operations, clinical or support staff will obtain an authorization from you releasing this information. Clinical staff will also need to obtain an authorization before releasing any psychotherapy notes. “*Psychotherapy notes*” are notes that may have been made about your conversation during a private, group, joint, or family counseling session. These notes are kept separate from the rest of your medical record and are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Kristina Farmer, LMFT, PLLC or support staff has relied on that

authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

WHAT INFORMATION KRISTINA FARMER, LMFT, PLLC COLLECTS As an essential part of our business, we obtain certain personal information about you in order to provide a service to you. Some of the information we receive comes directly from you or on applications or other forms, and may include information you provide while speaking with clinical or office staff. We may also receive information from physicians, schools and other health providers or agencies. The types of information we receive may include addresses, social security number, family information, current and past clinical history and financial information.

KRISTINA FARMER, LMFT, PLLC PRIVACY PROTECTION PROCEDURES We protect information about you from unauthorized access. Our employees and agents receive training regarding our privacy policies, and access to information about you is restricted to those individuals that need such information in order to provide services to you. Examples of activities requiring access to personal information include: underwriting; claims processing; reinsurance and policyholder service. We have established and maintain procedures to comply with all state and federal laws and regulations regarding the security of personal information.

We understand that PHI about you and your health is personal. We are committed to protecting PHI about you. We create a record when services are delivered. We need this record to provide you with quality care and to comply with certain legal licensing requirements. This notice applies to all of the records of your care generated by Kristina Farmer, LMFT, PLLC.

This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- Make sure that clinical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to clinical information about you;
- Follow the terms of the notice that is currently in effect.

HOW KRISTINA FARMER, LMFT, PLLC MAY USE AND DISCLOSE CLINICAL INFORMATION ABOUT YOU. The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. We may use and disclose your PHI without your authorization for the following reasons.

FOR TREATMENT: We may use clinical information about you to provide you with clinical treatment or services. We may disclose clinical information about you to doctors, nurses, technicians, clinical students. We may also disclose clinical information about you to people who may be involved in your clinical care after you complete use of our clinical services, such as family members, clergy or others we use to provide services that are part of your continued or after care.

FOR PAYMENT: We may use and disclose clinical information about you so that the treatment and services you receive at the office of Kristina Farmer, LMFT, PLLC may be billed to and payment may be collected for you, an insurance company, or a third party resource. For example, we may need to provide information about past or planned treatment to your health plan to obtain authorization or payment for expected and served services.

APPOINTMENT REMINDERS: We may use and disclose your PHI to contact you as a reminder that you have an appointment.

TREATMENT ALTERNATIVES: We may use and disclose your information to tell you about or recommend possible treatment options or alternative that may be of interest to you, or appropriate referrals.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: We may release information about you to a friend or family member who is involved in your care or who helps pay for your care, unless you object in whole or in part. In addition, we may disclose your information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

AS REQUIRED BY LAW: We will disclose information about you when required to do so by federal, state or local law. For example, we make disclosures when a law requires that we report information about victims of abuse, neglect, or domestic violence, when dealing with gunshot or other wounds; or when ordered in a judicial or administrative proceeding.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose your information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent, or lessen the threat.

SPECIAL SITUATIONS

MILITARY AND VETERANS: If you are a member of the armed forces, we may release client information about you as required by military command authorities.

WORKERS' COMPENSATION: We may release client information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS: We may disclose information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report child abuse or neglect;
- To report reactions to medications;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES: We may disclose your information to an oversight agency for activities authorized by law or required pursuant to an agreement and/or contract. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for governmental and healthcare agencies to monitor the system, government and other programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose client information about you in response to a court or administrative order. We may also disclose client information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT: I may release client information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Kristina Farmer, LMFT, PLLC; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity; description or location of the person who committed the crime.

CORONERS, CLINICAL EXAMINERS AND FUNERAL DIRECTORS: We may release client information to a coroner or clinical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release client information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: We may disclose client information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

YOUR RIGHTS REGARDING CLINICAL INFORMATION ABOUT YOU

You have the following rights regarding clinical information we maintain about you:

Right to Inspect and Copy: In most cases, you have the right to inspect and copy your PHI that we have, but you must make the request in writing.

To inspect and copy PHI that we have, you must submit your request in writing to Kristina Farmer, LMFT, PLLC. If you request a copy of the information, we may charge you a fee for the costs of copying, mailing or other supplies associated with your request. If we don't have your PHI, but we know who does, we will so inform you.

In certain situations, we may deny your request to inspect and copy you PHI. If you are denied access to client information, you may request that the denial be reviewed. A professional chosen by Kristina Farmer, LMFT, PLLC will review your request and the denial. The person conducting the review will not be the person who denied your request. Kristina Farmer, LMFT, PLLC will comply with the outcome of the review.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to correct or add to the missing information. You have the right to request an amendment for as long as the information is kept by or for Kristina Farmer, LMFT, PLLC.

To request an amendment, your request must be made in writing and submitted to Kristina Farmer, LMFT, PLLC. In addition, you must provide a reason that supports your request.

Kristina Farmer, LMFT, PLLC will respond within 60 days of receiving your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the client information kept by or for Kristina Farmer, LMFT, PLLC
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete.

Our written request will state the reasons for the denial and explain your rights to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your amendment request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others who need to know about the change to your PHI.

Right to an Accounting:

- (1) You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already authorized, such as those made directly to you or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before December 27, 2007.
- (2) We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you \$8.00 for each additional request.

To request this list or accounting of disclosures, you must submit your request in writing to Kristina Farmer, LMFT, PLLC. Your request must state the time period which may not be longer than six years and may not include dates before December 27, 2007. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or operations. You also have the right to request a limit on the client information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Kristina Farmer, LMFT, PLLC. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work rather than at home or by e-mail instead of regular mail.

To request confidential communications, you must make your request, in writing, to Kristina Farmer, LMFT, PLLC. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We must agree to your request so long as we can easily provide it in the format you requested.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for client information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page in the top right-hand corner, the effective date. In addition, each time you check in for services we will offer you a copy of the current notice in effect. You must request a copy.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Kristina Farmer, LMFT, PLLC at 832-551-7571. You may also send a written complaint to the Secretary of the Department of Health and Human Services at the following address.

All complaints must be submitted in writing.

Director, Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 506-F
Washington, D.C. 20201
ocrmail@hhs.gov

You will not be penalized for filing a complaint.

OTHER USES OF CLINICAL INFORMATION

Other uses and disclosures of clinical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose client information about you, or your minor child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose client information about you or your minor child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

EFFECTIVE DATE, RESTRICTIONS AND CHANGES TO PRIVACY POLICY

This notice will go into effect on December 27, 2007.