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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA)

NOTICE OF PRIVACY PRACTICES (NPP)

My Responsibility: I understand that medical information about you is personal and I am committed to protecting medical information about you. I create record of the care and services you receive so that I can provide you with quality care and comply with certain legal requirements.

This notice applies to the record of your care. It also applies to any records I may receive from your other providers. Other providers may have different policies or notices regarding their use and disclosure of medical information created at their offices or facilities.

This notice will tell you about the ways in which I may use and disclose medical information about your. I also describe your rights and certain obligations I have regarding the use and disclosure of medical information. I am required by law to make sure that the medical information that identifies you is kept private, to give you notice of my legal duties and privacy practices with respect to this information about you, and to follow the terms of the notice currently in effect.

How I May Use and Disclose Medical Information About You: The following categories describe different ways that I use and disclose medical information. For each category of uses and disclosure I will explain what is meant. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** I may use medical information about you to provide you with medical treatment or services. The term “medical treatment” includes behavioral healthcare services that I might provide. I may disclose private information about you to other behavioral health care professionals, (such as psychiatrists, marriage and family therapists, inpatient or intensive outpatient therapists) or your medical doctor, physician’s assistant, or nurse practitioner. If you are referred to another provider, I may also disclose information to them.
- **For Payment:** I may use and disclose medical information about you so that the treatment and services that you receive may be billed to and payment may be collected from you, an insurance company, or a third party.
- **For Health Care Operations:** I may use and disclose medical information about you for my own operations. For example, if your health plan decides to audit my practice in order to review my

competence and performance, or to detect possible fraud or abuse, your mental health records may be used or disclosed for those purposes.

- **Appointment Reminders:** I may use and disclose medical information to contact you as a reminder that you have an appointment for therapy.
- **Treatment Alternatives:** I may use and disclose medical information about you to tell you about or recommend possible treatment options or alternatives that might be of interest to you.
- **Health Related Benefits and Services:** I may use and disclose information about you to tell you about health related benefits or services that might be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** I may release limited medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care.
- **As Required by Law:** I will disclose medical information about you when required to do so by federal, state, or local law. For example, if you disclose suspected child abuse, I am required by law to report it.
- **To Avert a Serious Threat to Health or Safety:** I may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure however, would only be to someone who I believe would be able to prevent the threat or harm from happening.

Special Situations:

- **Military and Veterans:** If you are a member of the armed forces, I may release medical information about you as required by military command authorities. I may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** I may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** I may release medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury, or disability
 - to report the abuse or neglect of children, elders and dependent adults
 - to report domestic violence
- **Health Oversight Activities:** I may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, or

inspections. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, I may disclose medical information about you in response to a court or administrative order. I may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only as authorized by law and only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.
- **Law Enforcement:** I may release medical 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 if authorized by law
 - To provide information about the victim of a crime, under certain limited circumstances
 - To provide information about a death I believe may be the result of criminal conduct
 - To report criminal conduct at my office or threats of such conduct against me or the facility
 - Under certain 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, Medical Examiners and Funeral Directors:** I may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. I may also release medical information about clients in order to assist funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** I may release medical 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:** I may disclose medical 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.
- **Inmates:** If you are an inmate or ward of a correctional institution or under the custody of a law enforcement official, I may release information about you to the correctional institution or law enforcement official if necessary to provide you with healthcare, to protect your health and

safety or the health and safety of others, or for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You: You have the following rights regarding medical information that I maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but may not include some mental health information.
- **Request in Writing:** To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information I may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- **Limited Circumstances:** I may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information you may request that the denial be reviewed. Another licensed health care professional will be chosen to review your request and denial. The person conducting the review will not be the person who denied your request. I will comply with the outcome of the review.
- **Right to Request Amendment:** If you feel that medical information that I have about you is incorrect or incomplete, you may ask me to amend it. You have the right to request an amendment for as long as the information is kept by me. To request an amendment, your request must be made in writing and submitted. You must also provide a reason that supports your request.
- **Denial of Request:** I 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, I may deny your request if you ask me to amend information that:
 - Was not created by me, unless the person or entity that created the information is no longer available to make the amendment
 - Is not part of the medical information kept by me
 - Is not part of the information which you would be permitted to inspect or copy; or is accurate and complete.
- **Right to an Accounting of Disclosure:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, as described above. To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years. I may charge you for the costs of providing the list.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information I use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information I disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. If I agree to your request to limit how I use your information for treatment, payment or healthcare operations, I will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing. In your request, you must state what information you want to limit, whether you want to limit my use, disclosure or both and to whom you want the limits to apply.
- **Right to Request Confidential Communications:** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing. I will not ask you for the reason for your request. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of the Notice:** You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time.
- **Changes to this Notice:** I reserve the right to change this notice. I reserve the right to make the revised or change notice effective for medical information I already have about you as well as any information I receive in the future.
- **Complaints:** If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- **Other Uses of Medical Information:** Other uses and disclosures of medical information not covered by this notice or the laws that apply will be made only with your written permission. If you provide me permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission I will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures I have already made with your permission, and that I am required to retain my records of the care provided to you.