

## **NOTICE OF PRIVACY PRACTICES**

Effective Date: October 7, 2017

Law requires that the privacy of **Protected Health Information (PHI)** be maintained and to provide individuals the **Notice of Privacy Practices** describes how Laura Kohley, LCSW, in private practice may use and disclose PHI to carry out treatment, payment or health care operations and for other purposes permitted by law. It also describes your rights to access and control your PHI. PHI information about you, including demographics that may identify you and that relates to your past, present or future physical and mental healthcare and substance abuse services. PLEASE REVIEW THIS NOTICE CAREFULLY.

Laura Kohley, LCSW, in private practice, is permitted to use and disclose your PHI for the purposes of treatment, payment, and healthcare operations once you have given consent by signing this Client's Rights Form. When required to, Laura Kohley, LCSW will obtain your written authorization before disclosing any of your information.

### **Treatment:**

Laura Kohley, LCSW will use and disclose your PHI to those treatment providers involved in your care. Your information may also be disclosed to other healthcare providers that you see to maintain your continuity of care.

### **Payment:**

Your PHI will be used as needed, to submit bills for payment and to obtain payment from you, your insurance company or third-party payer, as well as to obtain authorization for services.

### **Healthcare Operations:**

Your PHI may also be disclosed to support the business operations, such as quality improvement, and other business related activities.

**Disclosures of your PHI may occur without your written authorization for the following reasons:**

- For emergency treatment when written authorization is not feasible, but implied.
- To government or law enforcement agencies in response to, for example, court orders, subpoenas, or criminal conduct involving this private practice.
- To appropriate government authorities to locate a missing person or conduct a criminal investigation as permitted under Federal and State confidentiality laws;
- To other licensed agency emergency services as permitted under Federal and State confidentiality laws;
- To an attorney representing you in an involuntary hospitalization or mediation proceeding. (I will not disclose clinical information about you to an attorney for any other reason without your authorization, unless we are ordered to do so by a court.)
- To authorized government officials for the purpose of monitoring or evaluating the quality of care provided by the agency or its staff;
- To coroners and medical examiners to determine cause of death; and
- If you are an inmate, to your correctional facility if they certify that the information is necessary in order to provide you with health care, or to protect the health or safety of you or any other persons at the correctional facility.
- *Emergencies of Public Need.* Disclosure of clinical information about you in an emergency or for important public needs. For example, your information may be shared with public health officials at the State of Connecticut or City health departments who are authorized to investigate and control the spread of diseases.
- *As Required by Law.* Your clinical information will be disclosed if required by law to do so, or if a court orders to do so in a lawsuit or judicial proceeding. You will be notified of these uses and disclosures if notice is required by law.
- *Victims of Abuse, Neglect or Domestic Violence.* Clinical information about you will be disclosed to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, your information will be reported to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases, we may be required or authorized to act without your permission.
- *National Security and Intelligence Activities Or Protective Services.* We may disclose clinical information about you to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

**If you do not object,** information may be disclosed about you in the following situations:

- *Disclosure to Friends and Family Involved In Your Care.* You will be asked whether you have any objection to sharing clinical information about you with your friends and family involved in your care.

## **CONFIDENTIALITY OF PSYCHOTHERAPY NOTES**

Psychotherapy notes are notes about your private counseling sessions, or your group, joint, or family counseling sessions, that are maintained separate from the rest of your clinical records. These notes can only be used and disclosed as described below.

*With your general written consent,* psychotherapy notes about you may be used and disclosed in the following situations:

- The mental health professional who created the notes may use them to provide you with further treatment.
- The mental health professional who created the notes may disclose them as necessary to defend him or herself, or the agency, in a legal proceeding initiated by you or your personal representative.

*Without your general written consent,* psychotherapy notes may be used and disclosed only in the following situations:

- The mental health professional who created the notes may disclose them as required by law;
- The mental health professional who created the notes may disclose the notes to appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person;
- The mental health professional who created the notes may disclose them to the United States Department of Health and Human Services when that agency requests them in order to investigate the mental health professional's compliance with Federal privacy and confidentiality laws and regulations; and
- The mental health professional who created the notes may disclose them to medical examiners and coroners if necessary to determine your cause of death.
- *Your special written authorization* is required for all other uses and disclosures of psychotherapy notes.

## CONFIDENTIALITY OF HIV-RELATED INFORMATION

The privacy and confidentiality of HIV-related information maintained by this practice is protected by Federal and State law and regulations. These protections go above and beyond the protections described in this practice's general Notice of Privacy Practices.

Confidential HIV-related information is any information indicating that you had an HIV-related test, have HIV-related illness or AIDS, or have an HIV-related infection, as well as any information which could reasonably identify you as a person who has had a test or has HIV infection.

Under Connecticut State law, confidential HIV-related information can only be given to persons allowed to have it by law, or to persons you allow to have it by signing a written authorization form. You can ask to see a list of people who can be given confidential HIV-related information by law without a written authorization form.

Confidential HIV-related information about you may be used to provide you with treatment, to process billing or reimbursement records, or to monitor or evaluate the quality of care provided by this practice. Generally, this practice may not reveal to a person outside of the practice any confidential HIV-related information that the agency obtains during the course of treating you, unless:

- The agency obtains your written authorization;
- The disclosure is to a person who is authorized under applicable law to make health care decisions on your behalf and the information disclosed is relevant to that person or committee fulfilling such health care decision making role.
- The disclosure is to another health care provider or payor for treatment or payment purposes;
- The disclosure is to an external agent of the agency who needs the information to provide you with direct care or treatment to process billing or reimbursement records, or to monitor or evaluate the quality of care provided at the agency. In such cases, the agency will ordinarily obtain your general written consent and have an agreement with the agent to ensure that your confidential HIV-related information is protected as required under the Federal and State of Connecticut confidentiality laws and regulations;
- The disclosure is required by law or court order;
- The disclosure is to an organization that procures body parts for transplantation; when combined with:
  - geographic information (such as where you live or work);
  - demographic information (such as your race, gender or ethnicity);
  - unique numbers that may identify you (such as your social security number, your phone number, or your Medicaid number); and
  - Other types of information that may identify who you are.

## WHAT RIGHTS DO YOU HAVE

**How to Access Your Clinical Information.** You generally have the right to inspect and copy your clinical information that may be used to make decisions about your care. To inspect or obtain a copy of your clinical information, please submit your request in writing to Laura Kohley, LCSW. If you request a copy of the information, there is a fee for the costs of copying, mailing or other supplies used to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time the copies are given to you. There will be a response to your request for inspection of records within 10 days. If additional time is needed to respond to a request for copies, you will be notified in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, your request may be denied to inspect or obtain a copy of your information. If so, this practice will provide you with a summary of the information instead. This practice will also provide a written notice that explains the reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with this practice or with the Secretary of the Department of Health and Human Services.

**How to Correct Your Clinical Information.** You have the right to request that your clinical information is amended if you believe it is inaccurate or incomplete. Your request should include the reasons why you think amendments(s) should be made. Ordinarily you will receive a response to your request within 60 days. If additional time is needed to respond, you will be notified in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

**How To Keep Track Of the Way Your Health Information Has Been Shared With Others.** You have the right to receive a list, called an “accounting list,” which provides information about when and how this practice has disclosed clinical information about you to outside persons or organizations. Many routine disclosures that will be made will not be included on this accounting list, but the accounting list will identify non-routine disclosures of your information.

**How to Request Additional Privacy Protections.** You have the right to request further restrictions on the way clinical information about you is used or shared with others. It is not required that this practice agree to the restriction you request, but if agreed upon, this practice will be bound by our agreement unless the information is needed for emergency treatment.

**How to Request More Confidential Communications.** You have the right to request that you are contacted in a way that is more confidential for you, such as at home instead of at work. Attempts will be made to accommodate all reasonable requests.

**How Someone May Act on Your Behalf.** You have the right to name a personal representative who may act on your behalf to control the privacy of your clinical information. Parents and guardians will generally have the right to control the privacy of clinical information about minors unless the minors are permitted by law to act on their own behalf.

**How to Obtain a Copy of This Notice.** You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. You may also obtain a copy of this notice by requesting a copy at your next visit.

**How to Obtain a Copy of Revised Notice.** Changes made to the privacy practices may occur from time to time. If so, this notice will be revised so you will have an accurate summary of our practices. The revised notice will apply to all of your clinical information, and this practice will be required by law to abide by its terms. The effective date of the notice will always be noted in the top right corner of the first page.

**How to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with this practice or with the Secretary of the Department of Health and Human Services. *No one will retaliate or take action against you for filing a complaint.*

If you have a concern or complaint about how your protected health information is being used, from this date forward, please contact Laura Kohley, LCSW.

**SIGNATURE**

*By signing below, I acknowledge that I have been provided a copy of the Notice of Privacy Practices and have therefore been advised of how medical information about me may be used and disclosed by Laura Kohley, LCSW, and how I may obtain access to this information.*

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Signature

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Print Name

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Date