

Notice of Privacy Practices**(This notice is developed in compliance with the Health Insurance Portability and Accountability Act of 1996)**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices describes how I, **Allison Miller, MCP, LPC**, handle information about you, the client. It describes how I use this information, how I share it with other professionals and organizations, and how you can access it. If you have any questions or want to know more about this notice, please ask me for more explanation or details. I am required to abide by the terms of this notice. We will provide this Notice of Privacy Practices to every client with whom I have a direct treatment relationship. The notice is provided no later than the date of the first treatment to the client. I will make this notice available to any member of the public to enable prospective clients to evaluate its privacy practices when making their decision regarding whether to seek services from me. I will provide this notice via e-mail to any client or other individual who requests the notice. When a client receives the notice from me, I ask the client to sign a **"Receipt of Notice of Privacy Practices"** form. The form is filed with the client's mental health record. If the client refuses to sign the form, it is noted in the mental health record that the client was given the notice and refused to sign the form.

Understanding Your Health Record/Information:

As a client a record of your visit is kept. This record contains your reason for seeking services, symptoms, diagnosis, and a plan of treatment for future services. Although this record is the property of **Allison Miller, MCP, LPC**, the information within the record belongs to you. This information is considered your "Protected Health Information" (PHI) and is afforded certain protections under the law.

How a Licensed Professional Counselor (LPC) May Use and Disclose Your Protected Health Information:

It is the policy of **Allison Miller, LPC** to keep all of your medical and personal information confidential. I will only use or disclose your information for the following reasons:

- 1) Treatment:** I will use and disclose your protected health information to provide, coordinate, or manage your health care and other services related to your health care. An example would be consulting with another health care provider, such as your primary care physician or another mental health professional. This will only be done to ensure the course of treatment is appropriate for your situation
- 2) Payment:** I may use and disclose protected health information when it is needed to receive payment for services provided to you. This includes using your information to bill you, your insurance, or a third party for the treatment I provide to you. If you have Medicaid benefits, I will release the minimum information necessary for the Medicaid program to pay. If you have insurance, I may contact your insurance company to check on your insurance coverage. I may have to tell them about your diagnoses, what treatments you have received, and what to expect as I treat you. I may need to tell them about when we met, your progress, and other similar things.
- 3) Health Care Operations:** Your health information may be reviewed by regulatory and accrediting organizations to ensure compliance with their requirements.

Uses and disclosures requiring your Authorization:

In the instance that I, **Allison Miller, MCP, LPC-S**, will need to use or disclose your information for reasons other than those listed above, I will obtain an authorization from you before releasing this information. If you do authorize me to use or disclose your PHI, you can revoke that permission, in writing, at any time. After that time, I will not use or disclose your information for the purposes that we agreed to. Of course, I cannot take back any information already disclosed with your permission.

Uses and disclosures not requiring Authorization:

- **Child Abuse:** If there is reasonable cause to believe a child is being abused or neglected, this must be reported to the appropriate authorities.
- **Adult and Domestic Abuse:** If there is reason to believe that an individual who is protected by state law has been abused, neglected, or financially exploited, this must be reported to the appropriate authorities.
- **Health Oversight Activities:** Protected Health Information may be given to health oversight agencies for oversight activities authorized by law, including licensure or disciplinary actions.
- **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information requested.

- **Serious Threat to Health or Safety:** I may disclose information when a client communicates to us a serious threat of suicide or physical violence against himself, herself, or a reasonably identifiable victim(s). In such an instance, I will notify the threatened person(s) and/or law enforcement.
- **Notification:** In an emergency, I may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, about your location and general condition.
- **Workers' Compensation:** I may disclose health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- **Public Health:** As required by federal and state law, I may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Correctional Institution:** Should you be an inmate of a correctional institution, I may disclose to the institution health information necessary for your health and the health and safety of others.
- **Charges against the Licensed Behavioral Health Professional:** I may disclose your health information to defend myself against any legal action taken against me.
- **Other:** I may contact you about appointment reminders or treatment alternatives.

In all of the above stated circumstances, I will release only the minimum amount of information necessary to accomplish the purpose of the use or disclosure. In any other situation, I will request your written authorization before using or disclosing any of your identifiable health information.

Your Rights Regarding your Health Information:

- **Right to Request Restrictions:** You have the right to request restrictions, in writing, on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request. If I do agree to a restriction, I will put the agreement in writing and abide by it, except in emergency situations. I cannot agree to limit uses/disclosures that are required by law.
- **Right to Receive Confidential Communications by Alternate Means or at Alternative Locations:** You have the right to request that I contact you or send you information at an alternative address or by alternative means. For example, you may not want a family member to know that you are seeing me. At your request, I will send your bills to another address.
- **Right to Inspect and Copy:** You have the right, within Oklahoma statutes, to inspect and copy your protected health information. Any such requests must be made in writing. I will respond in writing to such a request within 30 days. If you request copies, I may charge you a reasonable cost for copying. Except in cases involving certain psychotherapy notes.
- **Right to Amend:** You have the right you submit a request to amend your information if you believe information in your record is incorrect, or if important information is missing. I have the right to deny your request.
- **Right to an Accounting:** You have the right to receive an accounting of certain disclosures of your PHI. Including a list of persons or organizations to which I released your information.
- **Right to a Paper Copy:** You have the right to obtain a copy of this notice in paper and/or electronic form.

Duties of the Licensed Professional Counselor (LPC):

I am required by law to maintain the privacy of protected health information and to provide you with a notice of our legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice and make the new notice provisions effective for all protected health information that is maintained. Should I make changes to this notice, they will be posted in the office waiting area. You may request a copy of the notice at any time.

Complaint Procedure:

For further information regarding this notice and your rights, or to report any complaints regarding privacy issues, contact:

HIPAA Privacy Officer

Community Health Services

Oklahoma State Department of Health

1000 NE Tenth Street

Oklahoma City, OK 73117-1299

405/271-5585 405/271-5585

privacyofficer@health.ok.gov

You may also report complaints directly to the Secretary of Health and Human Services at the following address:

The U.S. Department of Health and Human Services, the Office of Civil Rights
1301 Young Street, Suite 1169, Dallas, TX 75202