

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

Notice of Privacy Practices: You may be aware of the Health Insurance Portability and Accountability Act (HIPAA) which regulates the use/privacy of your health information by hospitals, doctors, and other healthcare providers.

The regulations incorporated into this notice explain how Samantha Endicott Therapy may use and disclose your Protected Health Information (PHI) for purposes that are permitted or required by law. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future health or condition and related care services.

We are required to provide this notice to you and to comply with it in order to keep your health information private. We have a right to change these privacy practices as long as those changes are permitted by law. A current and revised copy of this notice is available upon request. You may call or e-mail the office and a copy will be sent to you in the mail or by e-mail, or you may ask for one at the time of your next appointment.

Uses and Disclosures of your PHI based upon your written Authorization: Use and disclosure of your PHI will only be made with your written authorization unless otherwise permitted by law. Anyone who receives such information may not re-disclose it without your consent or as otherwise authorized by law. An authorization is written permission from you that permits specific use or disclosure of your PHI. You may revoke your authorization at any time in writing unless Samantha Endicott Therapy has taken action in reliance upon the use or disclosure in the authorization.

Other Permitted and Required Uses and Disclosures:

- To any person required by federal, state, or local laws to have lawful access to your PHI (i.e., court orders);
- To persons/departments within the operation of Samantha Endicott Therapy (i.e., billing);
- To outside service organizations that provide professional services to Samantha Endicott Therapy (i.e., data processing, collections, and laboratories);

- To third party payers for purposes of health insurance reimbursement;
- To medical personnel in medical emergency requiring immediate medical intervention; and/or
- Access to your records may also be permitted under certain circumstances for: research, as well as audits or evaluations conducted by regulatory agencies, private third payers, funders and private peer review organizations. Information disclosed during and audit or evaluation will not be re-disclosed except pursuant to a court order.

By statute of the Commonwealth of Kentucky, Samantha Endicott Therapy may disclose your PHI without your consent or authorization under certain circumstances including:

- Your prior written authorization to release the information;
- Suspected or known abuse or neglect of children or adults, including domestic violence;
- Pursuant to the order of a court of competent jurisdiction;
- A serious threat to any person's health or safety, including your own;
- Worker's Compensation; and/or
- To the parent of any minor or the legal guardian of any individual declared to be incompetent.

Additional uses and disclosures:

We may use your demographic information to send you a newsletter about Samantha Endicott Therapy or to contact you regarding fundraising activities. We will not sell your demographic information to outside companies. If you do not want to receive these communications, please contact your Counselor.

As a client of Samantha Endicott Therapy, you have important rights with respect to your PHI:

With limited exceptions, you have a right, upon written request, to inspect and receive copies of your health information that is maintained by us for our use. We will charge \$1 per page for photocopies.

You have a right, upon written request, to receive confidential communications from us by alternate means or at an alternate location. For example, you may not want a family member to know that you are receiving services here. Your written request must specify the alternative means and/or location.

You have a right to request that we amend your PHI. In certain cases, we may deny your request for an amendment in which case we will notify you. If we approve your written amendment, we will modify our records accordingly. If we deny the amendment you propose, we will notify you and you can place a written statement in our records disagreeing with our denial.

You have a right to make a written request that we provide you with a list of those occasions where we disclose your PHI.

You have a right to obtain a paper copy of this notice from us at no charge even if you have agreed to accept this notice electronically.

You have a right to make a written request for other restrictions on the ways we use or disclose your PHI. We will accommodate reasonable requests, but are not required to agree to a restriction that you request in which case we will notify you. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Questions and Complaints: If you have any questions about the material in this notice, please ask for assistance. If you are concerned that we have violated our privacy practices, or if you disagree with a decision we made about access to your records, you may make a complaint in writing. Contact your Counselor for further information. You may also submit a written complaint to the Secretary of the US Department of Health and Human Services. We will provide you with that address upon written request.

Client Signature and Printed Name

Date