

Shift Happens, LLC
Liz Nasser, LPC, LCPC
(816) 508-5174
liz@shifthappenskc.com
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**Notice of Privacy Practices:
Confidentiality and Disclosures and uses of your Personal Health Information**

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

Acknowledgement of receipt of legal privacy notice:

The privacy regulations of the Health Insurance Portability and Accountability Act (hereafter, “HIPAA”) require ethical and legal commitment to the confidentiality of your Personal Health Information (hereafter, “PHI”).

Under HIPAA and the laws of the United States and the states of Missouri and Kansas, you have certain rights regarding the use and disclosure of your PHI. It is also required by law to give you this notice and to follow the terms of this notice while it is in effect.

Changes in these privacy practices are allowed at any time if those changes are permitted or required by law. Any changes in these privacy practices will affect how the privacy of your PHI is protected, including any PHI received about you or created throughout your therapy treatment. These changes could also affect the protection of the privacy of any of your PHI received before the changes. If changes are made, a new notice will be posted on www.shifthappenskc.com or you can request a copy from me at any time.

I. My pledge regarding your health information:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. How I may use and disclose health information about you:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways I am permitted to use and disclose information will fall within one of the categories.

Treatment: PHI may be used and disclosed to a supervising therapist or to your physician or other healthcare provider who is also treating you to provide, coordinate or manage your health care and related services.

Payment: Your PHI may be used and disclosed to your health plan or other third party for payment of services provided for you. If your contract with your insurance company requires that information relevant to the services provided be given before payment, providing them with a clinical diagnosis, as well as clinical information such as treatment plans or summaries and/or copies of any records maintained about your therapy sessions may be required. You may also be contacted by phone, email and/or mail regarding account balances. If contact is by phone, a recorded message may be left on your answering machine/voicemail.

Health care operations: Your PHI may be used and disclosed to staff members for operations that are necessary to run my practice and make sure clients receive quality care. This includes but is not limited to for the purpose of obtaining insurance eligibility, billing health insurance, and inquiring about claim status.

Appointment reminders: You may be contacted by phone or email for an appointment reminder or that you have missed such an appointment. If contact is by phone, a recorded message may be left on your answering machine.

Therapist cancellation: If for some reason an appointment must be cancelled, you will be contacted by phone or email. If contact is by phone, a recorded message may be left on your answering machine/voicemail.

Treatment alternatives: Your PHI may be used to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.

Treatment Services: Your PHI may be used or disclosed to inform you about health benefits or services that may interest you.

Event of an emergency: Your PHI may be disclosed to the person you have listed as your “Emergency Contact” in the event of an emergency. I may also contact the person you have listed as your “Emergency Contact” if I am unable to contact you and it has been clinically determined that I need to reach you to ensure appropriate treatment. In so doing, only the aspects of your PHI that are necessary for response to the emergency will be used or disclosed.

Lawsuits and disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you or your minor child(ren) 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.

III. Uses and disclosures that do not require your authorization:

I may use or disclose your protected health information in the following situations without your authorization and am not required by law to tell you that I have done so. These situations include:

Therapy treatment communication: Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

As law requires: Your PHI may be used and disclosed to any person required by federal, state, or local laws to have lawful access to your treatment program.

Court orders, judicial and administrative proceedings, and law enforcement: Your PHI may be disclosed as part of a court proceeding, in response to a subpoena, or in other situations as required by law.

Victims of abuse, neglect, or domestic violence: Your PHI may be used or disclosed to authorized persons from state agencies in cases of disclosures required by applicable state laws governing abuse, neglect, criminal activities, threats to the health/safety of the client and others, domestic violence, etc. In the case of minor children, the law requires such information to be disclosed.

Legal representative: Upon their request, your PHI may be disclosed to the parent of an unemancipated minor, to the legal custodian or the legal guardian or otherwise legal appointee to make decisions for medical care unless the therapist feels this will be harmful to the client's care. Because confidentiality is crucial in the treatment of teenagers, therapists generally only provide general information such as diagnosis and how therapy is going to parents of clients between the ages of 13-18 and treat the details as confidential.

Military: If you are a member of the armed forces, we may disclose your protected health information to military command authorities (or if foreign military personnel, to appropriate foreign military authorities).

Public health: Your PHI may be used for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability.

Disaster relief: We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, i.e., the American Red Cross, for the purpose of notification of family

IV. Certain uses and disclosures based upon your authorization:

Other certain uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described above. Any specific written authorization you provide may be revoked at any time by your written request.

If you revoke your authorization, I will no longer use or disclose the information. However, I will not be able to take back any disclosures that we (you and I) have made pursuant to your previous authorization. The following includes some of the certain uses and disclosures that require your authorization.

Psychotherapy notes: I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- For my use in treating you.
- For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- For my use in defending myself in legal proceedings instituted by you.
- For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

Sale of PHI: I will not sell your PHI.

V. Certain uses and disclosures require you to have the opportunity to object:

Disclosures to family, friends, or others: You have the right and choice to tell me that I may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

VI. You have the following rights with respect to your PHI:

The right to request limits on uses and disclosures of your PHI: You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.

The right to request restrictions for out-of-pocket expenses paid for in full: You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

The right to choose how I send PHI to you: You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

The right to see and get copies of your PHI: Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that I have about you. Ask me how to do this. I will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. I may charge a reasonable cost-based fee for doing so.

The right to get a list of the disclosures I have made: You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask me to make). Ask me how to do this. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

The right to correct or update your PHI: If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

The right to get a paper or electronic copy of this notice: You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

The right to choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.

The right to revoke an authorization: Any specific written authorization you provide may be revoked at any time by your written request. If you revoke your authorization, I will no longer use or disclose the information. However, I will not be able to take back any disclosures that we (you and I) have made pursuant to your previous authorization.

The right to opt out of communications: You may notify me if you chose to opt out of certain forms of communication you had previously authorized.

The right to file a complaint: You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

VII. Changes to this notice:

I can change the terms of this Notice of Privacy Practices, and such changes will apply to all the information I have about you. The new notice will be available upon request, in my office and on my website.