

HIPAA NOTICE SHEET

Notice of Policies and Practices to Protect the Privacy of Your Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Transition Counseling Services, LLC may use or disclose your protected health information (PHI), for treatment, payments, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations”
 - Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you or to other parties.

II. Uses and Disclosures Requiring Authorization

Transition Counseling Services, LLC may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes that have been made about my conversation during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorization (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Transition Counseling Services, LLC may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – If I have reason to suspect that a child has been injured as a result of physical, mental, or emotional abuse or neglect or sexual abuse, I must report the matter to the appropriate authorities as required by law.
- Adult and Domestic Abuse – If I have reasonable cause to believe that an adult is being or has been abused, neglected or exploited or is in need of protective services, I must report this belief to the appropriate authorities as required by law.
- Health Oversight Activities – I may disclose PHI to the Kansas Behavioral Sciences Regulatory Board if necessary for a proceeding before the Board.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety – If I believe that there is a substantial likelihood that you have threatened an identifiable person and that you are likely to act on that threat in the foreseeable future, I may disclose information in order to protect that individual. If I believe that you present imminent risk of serious physical harm or death to yourself, I may disclose information in order to initiate hospitalization or to family member or others who might be able to protect you.
- Worker’s Compensation – Transition Counseling Services, LLC may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

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IV. Client Rights and Counselor Duties

Client's Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means at alternative locations. (For example, you may not want a family member to know that you are being seen at Transition Counseling Services, LLC. On your request, I will send your bills to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from Transition Counseling Services, LLC upon request, even if you have agreed to receive the notice electronically.

Counselor Duties:

- Transition Counseling Services, LLC/Janna Cash Gilner, MA, LPC is required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- Transition Counseling Services, LLC/Janna Cash Gilner, MA, LPC reserves the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures in a substantial way, I will notify you in person or by mail.

V. Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision I make about access to your records, you may contact Transition Counseling Services, LLC.

You may also send a written complain to the Secretary of the U.S. Department of Health and Human Services. Transition Counseling Services, LLC can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

Transition Counseling Services, LLC may limit the access, use, or disclosures that I will make to the following “reviewable denials”: If, in the exercise of professional judgment, I determine that access to the record is, “reasonably likely to endanger the life or physical safety” of you or another person; If the requested information makes reference to another person (other than another health care provider), and in the exercise of professional judgment, I determine that access is “reasonably likely to cause substantial harm” to this other person; If a personal representative for you has requested access to the record, and in the exercise of professional judgment, I determine that such access is “reasonably likely to cause substantial harm to you or another person”.

Transition Counseling Services, LLC may limit the access use, or disclosures that I will make to the following “unreviewable denials”: When access to psychotherapy notes are requested; When Information is compiled in reasonable anticipation of, or for use, in a legal or administration action or proceeding; When someone other than a health care provider provides information about the patient under a promise of confidentiality, and the access to the requested information would be reasonably likely to reveal the source of the information.

This notice will go into effect on 7/1/11. Transition Counseling Services, LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. Transition Counseling Services, LLC will provide you with a revised notice in person or by mail.

You are entitled to a paper copy of this HIPAA Notice Sheet upon request.