

Clint Thomas LLC HIPPA Notice

Notice of Clint Thomas LLC 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.

1. Uses and disclosure for treatment, payment, and healthcare operations.

Clint Thomas LLC may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and healthcare 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 healthcare operations*”
- -*Treatment* is when I provide, coordinate, or manage your healthcare and other services related to your healthcare. An example of treatment would be when we consult with another healthcare provider, such as your family physician or another psychologist.
- -*Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your healthcare or determine eligibility or coverage.
- -*Healthcare operations* are activities that relate to the performance and operation of my practice. Examples of healthcare 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 other parties.

2. Uses and Disclosure Requiring Authorization

Clint Thomas LLC may use or disclose PHI for purposes outside of treatment or healthcare 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 healthcare 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 our conversation during a private, group, joint, or family counselling 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 any 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 consent claim under the policy.

3. Uses and Disclosure With neither Consent Nor Authorization

Clint Thomas 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 Missouri 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 your written authorization, or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for third party or where the evaluation is being court ordered. You will be informed to 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 and 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 and imminent risk of serious physical harm or death to yourself, I may disclose information in order to initiate hospitalization or to family members or others who might be able to protect you.
- *Worker's Compensation*-Clint Thomas 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.

4. Patient and Rights and Clint Thomas LLC duties

Patient'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 Alternative Locations*- you have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at Clint Thomas LLC. On your request, I will send you mail to another address).
- *Right to Inspect and Copy*-you have the right to inspect and obtain and 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 an amendment of PHI for as long as the PHI is maintained. I may deny your request. On your request, I may 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 CPS upon request, even if you have agreed to receive the notice electrically.

Clint Thomas LLC duties:

- Law requires Clint Thomas LLC to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- Clint Thomas LLC 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.

5. Complaints

If you are concerned the Clint Thomas LLC has violated your privacy rights, or you disagree with a decision Clint Thomas LLC makes about your access to your records, you may contact executive director of Clint Thomas LLC.

You may also send a written complaint to the US Department of Health and Human Services. The person listed above can provide you the appropriate address upon request.

6. Effective Date, Restriction, and Changes to Privacy Policy

Clint Thomas LLC may limit access, use, or disclosures that I will make to the following "reviewable denials": If, in the exercise of professional judgement, I determine that access to the record is "reasonably likely to endanger to life or physical safety" of you or another person. If the requested information makes reference to another person (other than healthcare provider), and in

the exercise of professional judgement, I determine “reasonably likely to cause substantial harm” to this other person. If personnel representative for you has requested access to the record, and in the exercise of professional judgement, I determine that such access is “reasonably likely to cause substantial harm” to you or another person.

Clint Thomas LLC may limit the access, use, 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 use of, in a legal or administration action or proceeding. When someone other than a healthcare 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 1/1/2017. Clint Thomas LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI the I maintain. Clint Thomas LLC will provide you with a revised notice in person or by mail.