

## **HEALTH INSURANCE PORTABILITY AND ACCOUTABILITY ACT (HIPPA)**

### **Your Information. Your Rights. Our Responsibilities. NOTICE OF PRIVACY PRACTICES**

This notice applies to individuals, or legal guardians or parents of minor children receiving services from Kindness Counts Therapy, Tara Colandrea, and describes how your protected health information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

#### **Your Rights**

Although your PHI is the physical property of Kindness Counts Therapy, the Information in your health record belongs to you. You have the right to:

- Get a copy of your PHI
- Correct your PHI
- Request confidential communication
- Ask me to limit the information I share
- Get a list of those with whom I've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Our Uses and Disclosures**

I may use and share your information as I:

- Treat you
- Run our organization
- Bill for your services 1
- Do research
- Comply with the law
- Respond to lawsuits and legal actions

#### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

***Get a copy of your PHI***

- You can ask to see or get a copy of your PHI. Ask how to do this.
- I will provide a copy or a summary of your PHI, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

***Ask me to correct your record***

- You can ask me to correct health information about you that you think is incorrect or incomplete.

***Ask how to do this.***

- I may say “no” to your request, but I’ll tell you why in writing within 60 days.

***Request confidential communications***

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say “yes” to all reasonable requests.

***Ask me to limit what I use or share***

- You can ask me not to use or share certain health information for treatment, payment, or our operations. I am not required to agree to your request, and I may say “no” if it would affect your care.
- If you pay for service out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes” unless a law requires me to share that information.

***Get a list of those with whom I’ve shared information 2***

- You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

***Get a copy of this privacy notice***

- You can ask for a paper copy of this notice at any time. I will provide you with a paper copy promptly.

***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 exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I take any action.

***File a complaint if you feel your rights are violated***

- You can complain if you feel I have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the
- I will not retaliate against you for filing a complaint.

**Your Choices**

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions. In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care

In these cases I never share your information unless you give me written permission: 3

- Marketing Informatio
- Sale of your information
- Most sharing of psychotherapy notes

**Our Uses and Disclosures**

***How do I typically use or share your health information?***

I typically use or share your health information in the following ways:

- Treat you
- I can use your health information and share it with other professionals who are treating you.

Example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and may be used to determine your diagnosis or the course of treatment that should work best for you. A doctor or other health care professional may share your information with other healthcare professionals to determine how to diagnose or treat you.

- Run my practice  
I can use and share your health information to run my practice, improve your care, and contact you when necessary.

- Bill for your services  
I can use and share your health information to bill and get payment from health plans or other entities.

Example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis.

#### ***How else can I use or share your health information?***

I can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Comply with the law  
I will share information about you if state or federal laws require it.
- Should you be an inmate of a correctional institution, I may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

#### **Our Responsibilities**

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

**Tara Colandrea, LPC**  
Kindness Counts Therapy  
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**Changes to the Terms of this Notice**

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, on my web site, and I will mail a copy to you.

**Effective Date of this Notice: July 15, 2014.**

**Please discuss any questions or concerns with your therapist. Your signature below indicates that you acknowledge receipt of this notice:**

\_\_\_\_\_  
**Client Name (please print)**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

**If Applicable:**

\_\_\_\_\_  
**Parent's or Legal Guardian's Name (please print)**

\_\_\_\_\_  
**Parent's or Legal Guardian's Signature**

\_\_\_\_\_  
**Date**