Notice of Privacy Practices of Dr. Katie Schubert

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

I am required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of your privacy rights and my legal duties and privacy practices with respect to your PHI. I am required to abide by the terms of this notice with respect to your PHI but reserve the right to change the terms of this notice and make the new notice provisions effective for all PHI that I maintain. I will provide you with a copy of the revised notice sent by regular mail to the last address you have provided to me for this communication purpose.

Understanding Your Personal Health Information

Each time you visit a hospital, physician, mental health professional or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, in the case of a mental health professional, psychotherapy notes, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were provided
- a tool in educating heath professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of my practice, the facility that compiled it, the information belongs to you. You have the following privacy rights:

1. The right to request restrictions on the use and disclosure of your PHI to carry out treatment, payment or health care operations. You should note that I am not required to agree to be bound by any restrictions that you request but am bound by each restriction that I do agree to.

2. In connection with any patient directory, the right to request restrictions on the use and disclosure of your name, location at this treatment facility, description of your condition and your religious affiliation. (I do not maintain a patient directory.)
3. To receive confidential communication of your PHI unless I determine that such disclosure would be harmful to you.
4. To inspect and copy your PHI unless I determine in the exercise of my professional judgement that the access requested is reasonably likely to endanger your life or physical safety of another person. You may request copies of your PHI by providing me with a written request for such copies. I will provide you with copies within ten (10) business days of your request at my office.. You will be charged $.25 for each page copied and you will be expected to pay for the copies at the time you pick them up.
5. To amend your PHI upon your written request to me setting forth your reasons for the requested amendment. I have the right to deny the request if the information is complete or has been created by another entity. I am required to act on your request to amend your PHI within sixty (60) days but this deadline may be extended for another thirty (30) days upon written notice to you. If I deny your requested amendment I will provide you with written notice of my decision and the basis for my decision. You will then have the right to submit a written statement disagreeing with my decision which will be maintained with your PHI. If you do not wish to submit a statement of disagreement you may request that I provide your request for amendment and my denial with any future disclosures of your PHI.
6. Upon request to receive an accounting of disclosures of your PHI made within the past 6 years of your request for an accounting. Disclosures that are exempted from the accounting requirement include the following:
    - Disclosures necessary to carry out treatment, payment and health care operations.
    - Disclosures made to you upon request.
    - Disclosures made pursuant to your authorization.
    - Disclosures made for national security or intelligence purposes.
    - Permitted disclosures to correctional institutions or law enforcement officials.
    - Disclosures that are part of a limited data set used for research, public health or health care operations.

    I am required to act on your request for an accounting within sixty (60) days but this deadline may be extended for another thirty (30) days upon written notice to you of the reason for the delay and the date by which I will provide the accounting. You are entitled to one (1) accounting in any twelve (12) month period free of charge. For any subsequent request in a twelve (12) month period you will be charged $.25 for each page copied and you will be expected to pay for the copies at the time you pick them up.
7. To receive a paper copy of this privacy notice even if you agreed to receive a copy electronically.
8. The right to complain to me and to the Secretary of the U.S. Department of Health & Human Services (HHS) if you believe your privacy rights have been violated. You may submit your complaint to me in writing setting out the alleged violation. I am prohibited by law from retaliating against you in any way for filing a complaint with me or HHS.

USES & DISCLOSURES

Your written authorization is required before I can use or disclose my psychotherapy notes which are defined as my notes documenting or analyzing the contents of our conversations during our counseling sessions and that are separated from the rest of your clinical file. Psychotherapy notes do not include medication prescription and monitoring, counseling session

start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.

It is my policy to protect the confidentiality of your PHI to the best of my ability and to the extent permitted by law. There are times however, when use or disclosure of your PHI including, psychotherapy notes, is permitted or mandated by law even without your authorization.

Situations where I am not required to obtain your consent or authorization for use or disclosure of your PHI psychotherapy notes) include the following circumstances:

- By myself or my office staff for treatment, payment or health care operations as they relate to you.

  For example: Information obtained by me will be recorded in your record and used to determine the course of treatment that should work best for you. I will document in your record our work together and when appropriate I will provide a subsequent counselor or healthcare provider with copies of various reports that should assist him or her in treating you once we have terminated our therapeutic relationship.

  For 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, procedures, and supplies used.
- In the event of an emergency to any treatment provider who provides emergency treatment to you.
- To defend myself in a legal action or other proceeding brought by you against me.
- When required by the Secretary of the Department of Health & Human Services in an investigation to determine my compliance with the privacy rules.
- When required by law in so far as the use or disclosure complies with and is limited to the relevant requirements of such law.

Examples:

To a public health authority or other government authority authorized by law to receive reports of child abuse or neglect.

If I reasonably believe an adult individual to be the victim of abuse, neglect or domestic violence I may report to a governmental authority, including a social services agency authorized by law to receive such reports to the extent the disclosure is required by or authorized by law or you agree to the disclosure and I believe in the exercise of my professional judgement disclosure is necessary to prevent serious harm to you or other potential victims. If I make such a report I am obligated to inform you unless I believe informing you will place the individual at risk of serious injury.

In the course of any judicial or administrative proceeding in response to:

- an order of a court or administrative tribunal so long as only the PHI expressly authorized by such order is disclosed, or
- a subpoena, discovery request or other lawful process, that is not accompanied by an order of a court or administrative tribunal so long as reasonable efforts are made to give you notice that your PHI has been requested or reasonable efforts are made to secure a qualified protective order, by the person requesting the PHI.
- Child custody cases and other legal proceedings in which your mental health or condition is in issue are the kinds of suits in which you PHI may be requested.

- In addition I may use your PHI in connection with a suit to collect fees for my services.
- In compliance with a court order or court ordered warrant, or a subpoena or summons issued by a judicial officer, a grand jury subpoena or summons, a civil or an authorized investigative demand or similar process authorized by law provided that the information sought is relevant and material to a legitimate law enforcement inquiry, the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought and de- identified information could not reasonably be used.
- To a health oversight agency for oversight activities authorized by law as they may relate to me (i.e. audits; civil, criminal or administrative investigations, inspections, licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions.)
- To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- To funeral directors consistent with applicable law as necessary to carry out their duties with respect to the decedent.
- To the extent authorized by and the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- If use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- To a public health authority that is authorized by law to collect or receive such information for the purposes of preventing or controlling a disease, injury or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth, death, and the conduct of public surveillance, public health investigations, and public health interventions.
- To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the covered entity or public health authority is authorized by law to notify such persons as necessary in the conduct of a public health intervention or investigation.
- To a public health authority or other appropriate governmental authority authorized by law to receive reports of child abuse or neglect.
- To a law enforcement official if I believe in good faith that the PHI constitutes evidence of criminal conduct that occurs on my premises.
- Using my best judgement, to a family member, other relative or close personal friend or any other person you identify, I may disclose PHI that is relevant to that person=s involvement in your care or payment related to your care.
- To authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act and implementing authority.
- To Business Associates under a written agreement requiring Business Associates to protect the information. Business Associates are entities that assist with or conduct activities on my behalf including individuals or organizations that provide legal, accounting, administrative, and similar functions.

I may contact you with appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

If you have any questions and would like additional information you should bring this to my attention at the first opportunity. I am the designated Privacy Officer for my practice and will be glad to respond to your questions or request for information.

CLIENT CONSENT FORM / NOTICE OF PRIVACY PRACTICES

I understand that as part of my healthcare, the undersigned therapist originates and maintains health records describing my health history, symptoms, evaluations and test results, diagnosis, treatment, psychotherapy notes, and any plans for future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals.

The Notice of Privacy Practices for Dr. Katie Schubert provides specific information and a thorough description of how my personal health information may be used and disclosed. I have been provided a copy of or access to the Notice of Privacy Practices and I have been given the opportunity to review the notice prior to signing this consent. Before implementation of any revised Notice of Privacy Practices, the revised Notice will be mailed to me at the address I designate below. I understand that I have the right to restrict the use and/or disclosure of my personal health information for treatment, payment, or healthcare operations and that I am not required to agree to the restrictions requested. I may revoke this consent at any time in writing except to the extent that Dr. Katie Schubert has already taken action in reliance on my prior consent. This consent is valid until revoked by me in writing.

I further understand that any and all records, whether written, oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law. I request that changes to the Notice of Privacy Practices be sent to me at the address listed on my Client Information and Consent Form.

_____ _____

Signature of Client or Legal Representative Date

_____ _____

Signature of Client, Parent, or Legal Representative Date

Witnessed: _____ _____

Dr. Katie Schubert Date