

Kade Boliek Counseling LLC

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EFFECTIVE DATE OF THIS NOTICE This notice went into effect on 02/01/2022

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION: I respect client confidentially and 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 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 protected health information (“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 information I have about you. The new Notice will be available upon request, in my office, and on my website.
- If you have any questions about this policy or your rights please contact my office at (205)-800-8927

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I use and disclose health information.

In order to provide you with more effective care, there are times where I will need to share confidential information to be used for:

Treatment: I may use or disclose your treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information without others for supervision, consultation or referral purposes. I am currently under supervision as an Associate Licensed Counselor by Horace Hackney, LPC-S 3540. Payment: With your written consent,

information will be used to obtain payment for services provided. Healthcare Operations: I may use your information to coordinate our business activities such as appointment management or reviewing your care.

The following information may be disclosed without your consent under state and federal law:

Emergencies: Sufficient information may be shared to address the immediate emergency you are facing.

Follow up appointments/care: I may contact you for reminders of your appointments, or other health-related services that may be of interest to you. I will send appointment information to the contact information you provide unless otherwise requested.

As Required by Law: This would include situations where I have received a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and/or neglect such as child or elder abuse. Coroners: I am required to disclose information about the circumstances of your death to a coroner who is investigating it.

Governmental Requirements: I may disclose information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. Information may also need to be shared with the Food and Drug Administration related to adverse events or product defects. I am also required to share information, if requested, with the Department of Health and Human Services to determine compliance with federal laws related to health care.

Criminal Activity or Danger to Others: If any crime is committed on the office's premises or against me, information may be shared with law enforcement to apprehend the offender. I have the right to involve law enforcement when I believe an immediate danger to someone may occur.

III. CLIENT RIGHTS

1. The right to confidentiality: You have the right to every consideration of privacy regarding your medical care, including HIV status and testing. All case, discussion, consultation, supervision, communications, records, and medical information pertaining to their care will be treated as private and confidential.
2. The right to personal dignity, respect, and impartial access to treatment regardless of age, job, education, sexual orientation, gender, physical condition, race, religion, ethnicity, relationship status, HIV status, criminal record, or source of financial support.
3. The right to receive care within the least prohibitive but treatment appropriate environment.
4. The right to be assumed mentally competent unless a court has ruled otherwise.
5. The right to a safe environment, have privacy with regard to your personal needs, and are treated with dignity and respect. You have the right to be free from mistreatment, abuse, neglect, and exploitation.

6. The right to receive an individualized treatment based upon information gathered from assessments, active participation by the client, and implementation by the counselor. You have the right to make decisions about your treatment plan, modify or refuse a recommended treatment plan to the extent permitted by law and be informed of the medical consequences of such action. In this event, the client is entitled to other appropriate care or in the event of counselor-client incompatibility, may be referred to another provider.
7. A right to know immediate and long-term financial implications of treatment choices, insofar as they are known.
8. The right to expect reasonable continuity of care when appropriate and to be informed by clinicians of available and realistic client care options.
9. 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.
10. 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.
11. The right to see and get copies of your PHI. You have the right to obtain information concerning diagnosis, treatment, and prognosis. You have the right to review records pertaining to your treatment and to have the information explained or interpreted for you. You have a right to a copy of your records; if you send a request for your documents, I may charge you a reasonable fee to copy and mail your records to you.
12. The right to amend your record. 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.
13. The right to know the identities of the clinicians, supervisors, and others involved in your care. As well as when those involved are students, interns, or other trainees.
14. The right to expect that I will make reasonable responses to the request of a client for appropriate and medically indicated care and services. I must provide services, evaluations, and/or referrals as indicated by the urgency of the case.
15. The right to be informed that Kade Boliek Counseling LLC has the right to terminate care with a 30 day written notification given to the client with a listing of referrals for continuity of care.
16. The right to get a paper or electronic copy of this notice. You have the right get a paper copy of this notice, and you have the right to get a copy of this notice by e-mail. And,

even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

17. The right to initiate a complaint or grievance, with the assurance of no retaliation, and to be informed of the appropriate grievance process.
18. If you have a grievance or complaint, please take the following steps: 1) Contact me, I am always here to rectify any issues you may have with the services you are receiving. 2) If you and I cannot figure out a solution, we will involve my supervisor, Horace Hackney LPC-S, who can be reached at 205-917-9222. 3) If the three of us cannot figure out a solution, contact Alabama Board of Examiners in Counseling at (334)-420-7229.

FILING OF COMPLAINTS AGAINST HIPAA-COVERED ENTITIES BELIEVED TO BE NON-COMPLIANT WITH HIPAA PRIVACY RULE

Complaints must be written to the Secretary of HHS, have occurred on or after April 14, 2003, and meet the following requirements:

1. Be filed in writing, either on paper or electronically;
2. Name the entity that is subject of the complaint and described the acts or omission believed to be in violation of the applicable requirements;
3. Be filed within 180 days of when the act or omission complained of occurred, unless this time limit is waived by the ORC for good cause is shown. Electronic complaints should be sent to ORCComplaint@hhs.gov. Mailed complaints must be addressed to the ORC regional office that is responsible for matters relating to the Privacy Rule arising in the State or jurisdiction where the covered entity is located. Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, or Tennessee) Office for Civil Rights U.S. Department of Health and Human Services Atlanta Federal Center, Suite 3B70 61 Forsyth Street SW Atlanta, GA 30303-8909.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.