

Remembered Knowing Therapy, LLC

3181 Prairie St. SW Suite 114 Grandville, MI 49418

616-483-0335

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on 08/24/2022

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 understand that health information about you and your health care is personal. I 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 applies to all the records of your care generated by this mental health care practice. 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.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
 1. Duty to Warn and Protect: If a patient discloses or implies a plan for suicide, your therapist is required to notify legal authorities and make reasonable attempts to notify the family. If a patient discloses intentions or a plan to harm another person, your therapist is required to report this information to legal authorities and warn the intended victim, as well as family, associates, or friends of the intended victim and the person making threats.
 2. Abuse of Children: Therapists must report to legal authorities any actual or suspected incidence of child abuse including physical abuse, sexual abuse, neglect, emotional and psychological abuse, and unlawful sexual activity.
 3. Abuse of Vulnerable Adults: Therapists must report any incidence of dependent adult or elderly physical abuse to legal authorities.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For workers’ compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers’ compensation laws.
8. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me.

V. ADDITIONAL LIMITATIONS TO CONFIDENTIALITY AND RIGHTS REGARDING DISCLOSURE OF PHI

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless

- you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
2. Parents or legal guardians of non-emancipated minor patients have the right to access the minor patient's records.
 3. Privacy: The therapist cannot keep other people from seeing you enter or exit the therapy office; however, the reason for your visit remains confidential. Please be aware that the therapist's office location houses other organizations with shared waiting areas and surveillance systems. The purpose of your appointment and your protected health information will always be kept confidential, but your presence in the office will be public.
 4. Please be aware that your electronic messages (e.g., email, text, etc.) may not be secure. If you choose to use these methods to communicate confidential information, you acknowledge the inherent risk.
 5. Disclosed information will be limited to the minimum necessary.
 6. You may request your records to be disclosed to yourself or any other entity. Your request must be made in writing, clearly identify the person authorized to request the release, specify the information you want disclosed, the name and address of the entity you want the information released to, purpose and the expiration date of the authorization. Any authorization provided may be revoked in writing at any time. We will respond to your request as soon as administratively practical.
 7. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. A request for disclosure may be denied under the following circumstances: disclosure would likely endanger the life or physical safety of you or another person, requested information references other persons, except another healthcare provider, or if released to a legal representative would likely result in harm. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.
 8. You may request corrections to your records. 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.
 9. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization.
 10. As part of professional clinical consultation, your case may be reviewed using general clinical information. Your therapist will obtain a signed Release of Information (ROI) prior to discussing specific details of your case.
 11. As a requirement for professional licensure, and the intent to provide professional care, your therapist receives clinical supervision from Dr. Joshua Bishop, PhD, LMSW. Client information will be de-identified, and only details necessary to inform treatment (including assessment, diagnosis, treatment plans and progress) will be discussed.
 12. 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.

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.