

Mackenzie Lujin Counseling LLC

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913-768-6606, ext. 308

Location: Renew Counseling Center

11695 S Black Bob Rd, Olathe, KS 66062

NOTICE OF PRIVACY PRACTICES PURSUANT TO HIPAA

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on October 9, 2023.

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

If you have any questions about this notice, please contact Mackenzie Lujin Counseling LLC at 913-768-6606, ext. 308 or at mackenzie@mlujincounseling.com. Privacy is a very important concern for all those who come to this office. Federal and state laws and the codes of our profession make the issue of privacy very complicated. Some parts of this notice are quite detailed, and you may have to read the notice several times. If you have any questions, your therapist (Privacy Officer) will be happy to help you.

I. Introduction

This notice will tell you how this office handles information about you. It tells how information is used, shared with other professionals and organizations, and how you can see your information. This notice is required under the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

II. What is meant by “your health information”

Each time you visit this office or any other “health care provider”, information is collected about you and your physical and/or mental health. It may be information about your past, present, or future health or conditions, or about the treatment or other services you have received or about payment for health services. The information collected from you is called Protected Health Information (PHI). This information goes into your file. In this office, your PHI is likely to include these kinds of information:

- Your history as child, in school, and at work, and marital and personal history
- Reasons you came for treatment/counseling. This includes your problems, complaints, symptoms, needs, and goals

- Diagnoses
- Treatment plan
- Progress notes. Each time you come in, your therapist will write down how you are doing, observations, and what you tell him or her
- Records received from others who have treated you or evaluated you
- Information about medications you took or are taking
- Legal matters
- Billing and insurance information

PHI is used for many purposes. For example, it may be used:

- To plan your care and treatment
- To decide how well treatment is working for you
- When speaking with other health care professionals who are also treating you, such as your family doctor or someone who referred you
- To show what services you have actually received
- For teaching and training other health care professionals
- For psychological research
- For public health officials trying to improve health care in this county
- To measure the results of the work you've done and to improve the way Renew and I are doing our jobs

When you understand what is in your record and what it is used for, you can make better decisions about how, when, and why others should have this information.

Although your health record is the physical property of the practitioner if independent contractor or facility if in the Intensive Outpatient Program, the information in your health record is available for you to see, and you are entitled to copies of the PHI file. *Psychotherapy notes are working notes and belong to the therapist and are not part of your health record.* You can inspect, read, or review the health record. A copy of your PHI can be made but a charge for the costs of copying and mailing may apply. In some very unusual situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing you can ask us to amend (add information to) your record, although in some rare situations the therapist does not have to agree to comply. Your therapist can explain more about this to you.

III. Privacy and the laws about privacy

HIPAA requires therapists to keep your PHI private and to give you this notice of legal duties and privacy practices, which is called the *Notice of Privacy Practices*, or NPP. Your therapist will obey the rules of this notice as long as it is in effect, but if the NPP is changed, the rules of the new NPP will apply. If the NPP is changed, the new Notice will be posted in the office where everyone can see it. You or anyone else may obtain a copy of the NPP at any time.

IV. How your PHI can be used and shared

When your therapist or others under the direction of the therapist read, share, utilize and analyze your information in the office that is called “use.” Conversely, “disclosure” is when the information is shared with or transmitted to others outside the office. Except in some special circumstances, when your PHI is used or disclosed, only the minimum necessary PHI is shared. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed.

Your PHI is used and disclosed for several reasons. Mainly, your PHI will be used and disclosed for routine purposes explained more fully below. For other uses, you must be told about them, and your therapist must have a written *Authorization for release of information* from you, unless the law allows or requires use or disclosure of PHI without your authorization. You may revoke your authorization for release of information at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that your therapist has relied on the authorization, or if the authorization was obtained on the condition of obtaining insurance coverage where the law provides the insurer the right to contest the claim under the policy. The law also says that therapists are allowed to make some uses and disclosures without your consent or authorization, and those situations are discussed below.

USES AND DISCLOSURES OF PHI *WITHOUT* YOUR CONSENT

For treatment, payment, or healthcare operations (TPO)

In almost all cases, your PHI will be used to provide treatment to you, arrange for payment for services, or some other business functions called healthcare operations. These routine purposes are called TPO (Treatment, Payment, and Healthcare Operations). An authorization form signed by you is not required in order for your PHI to be used for TPO. However, in order to provide therapy services, you will be asked to sign an *Informed Consent for treatment form*.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Treatment. Your healthcare information will be used to provide you with psychological treatment or services. These services might include individual, couple, family, or group therapy, psychological testing, treatment planning, or measuring the effects of services. Your PHI may be used or disclosed to others who provide treatment to you. Your information may be shared with your personal physician. If a team of providers is treating you, we can share some of your PHI with them so that the services you receive will be coordinated. Others may enter their findings, the actions taken, and treatment plans into your record. Then, a decision can be made on what treatments work best for you. A treatment plan will be developed. You may be referred to other

professionals or consultants for services this office cannot offer, such as special testing or treatments. When referral occurs, the referring clinician will need to be told about you and your conditions. Information received will go into your record. If you receive treatment in the future from other professionals, your PHI, from the records at this office, may be requested with your authorization and shared. These are only some examples of how your PHI may be used and disclosed.

Payment. Your PHI may be used to bill you, your insurance carrier or others as you request or authorize. Your insurance company may be called in order to determine your insurance coverage. Your insurance carrier may have to be told about your diagnoses, what treatments you have received and is expected throughout treatment. The insurance carrier will need to be told when treatment began, your progress, and other similar information. In addition, if you fail to pay your account, your identity and the amounts that you owe, along with dates of services, may be transmitted to a collection agency or attorney who will assist us in taking action to collect payment.

Healthcare operations. There are some other ways your PHI may be used or disclosed. Your PHI may be used to determine where improvements need to be made in the way the healthcare provider gives services. It is possible that the office could be required to supply information to some government health agencies studying disorders and treatment services. If so, your name and identity will be removed from what is provided.

For other uses in healthcare

Appointment reminders. Your PHI may be used and disclosed in order to reschedule or remind you of appointments. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer. You may be asked to complete a form if special arrangements are requested. If you want to be called or written to only at your home or your work, or if you prefer some other way to be contacted so I can assist you.

Treatment alternatives. Your PHI may be used to tell you about or recommend possible treatments or alternatives that may be of interest to you.

Other benefits and services. Your PHI may be used and disclosed in order to tell you about health-related benefits or services that may be of interest to you.

Research. Your PHI may be used or disclosed in order to research treatments. In all cases your name, address, and other identifying information that reveals who you are will be removed from the information given to researchers. If there is a need for your identity to be disclosed, the research project will be discussed with you and, if you wish, you may agree to sign a special Authorization form before identifying information is shared.

Business associates. There are some tasks that may be outsourced to other businesses. Examples would include a copy service used to make copies of your health care record, and billing services that complete and mail billing statements. These business associates may

receive some of your PHI to conduct their jobs properly. To protect your privacy, the business associates have contracted to safeguard your information.

USES AND DISCLOSURES *REQUIRING* YOUR AUTHORIZATION

If your therapist wishes to use your information for any purpose besides the TPO described above, your permission is needed on an Authorization Form. You may revoke your authorization for release of information at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that your therapist has relied on the authorization, or if the authorization was obtained on the condition of obtaining insurance coverage where the law provides the insurer the right to contest the claim under the policy.

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 training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. 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.

USES AND DISCLOSURES OF PHI *NOT REQUIRING* AUTHORIZATION OR CONSENT

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

Child Abuse – If your therapist has reason to suspect that a child has been injured as a result of physical, mental or emotional abuse or neglect or sexual abuse, your therapist MUST report the matter to the appropriate authorities as required by law.

Adult and Domestic Abuse – If your therapist has reasonable cause to believe that a dependent or elder adult is being or has been abused, neglected or exploited or is in need of protective services, your therapist must report this belief to the appropriate authorities as required by law.

Health Oversight Activities – Your therapist may disclose PHI to the Kansas 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 provided you and/or the record thereof, such information is privileged under state law, and your therapist will not release information without a court order or the written authorization of you or your legally appointed representative. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety - If your therapist believes that there is a substantial likelihood that you have threatened an identifiable third person or the public at large and that you are likely to act on that threat in the foreseeable future, your therapist may disclose information in order to protect that individual. If your therapist believes that you present an imminent risk of serious physical harm or death to yourself, s/he may disclose information in order to initiate hospitalization or to family members or others who might be able to protect you.

For law enforcement purposes - Your PHI may be released under certain circumstances to law enforcement officials investigating a crime. 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.

For medical examiners - To coroners or medical examiners, when such individuals are performing duties authorized by law.

For specific government functions - Your PHI may be disclosed for specialized government functions, including to military personnel and veterans, to government benefit programs relating to eligibility and enrollment, to Workers' Compensation programs to comply with workers' compensation laws, to correctional facilities if you are an inmate, for national security reasons, to ensure the proper execution of military missions, to protect the President of the United States, to conduct intelligence or counterintelligence operations, or, to help ensure the safety of those working within or housed in correctional institutions.

USES AND DISCLOSURES REQUIRING AN OPPORTUNITY TO OBJECT

Information can be shared with your family or close others, but only those involved with your care and those you choose, such as close friends or clergy. You will be asked what information can be shared about your condition and treatment. Your therapist will honor your wishes as long as it is not against the law. If there is an emergency – and in that case you may not be asked if you agree – personal information may be shared if your therapist believes that it is in your best interests. The opportunity to consent may be obtained retroactively in emergency situations.

V. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. 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.

2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. 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.
4. The Right to See and Get Copies of Your PHI. 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. 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.
5. The Right to Get a List of the Disclosures I Have Made. 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. The accounting includes what was disclosed, when it was disseminated, and the person/agency that received the information. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. 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.
7. 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.

If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to your therapist (Privacy Officer), whose telephone number and address are listed on the top page of this Notice. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact your therapist. You have the right to file a complaint with your therapist, with the Kansas Behavioral Sciences Regulatory Board (KSRB) at 785-296-3240, and with the Secretary of the Federal Department of Health and Human Services. Filing a complaint will not result in a limitation of care.

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 signing 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.