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## 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.

### **My Pledge Regarding Health Information**

Your health information is personal and private. I am dedicated to safeguarding it. I maintain records of the care and services you receive, both to ensure quality treatment and to meet specific legal obligations. This notice pertains to all records created during your treatment with me. Here, I outline how I might use or share your health details, and I clarify your rights concerning this information. I also lay out my responsibilities concerning your data. By law, I am bound to:

- Ensure the privacy of your protected health information (PHI).
- Provide you with this notification detailing my privacy practices and legal duties regarding your health information.
- Adhere to the conditions of the current notice.

Please note, I can amend the terms of this notice, and any changes will pertain to all your existing data. Updated notices are available upon request, at my office, and on my website.

### **How I May Use and Disclose Health Information About You**

I use and share your health information in various ways. Below, I have categorized and described these instances, providing examples where possible. While not every scenario is detailed, all actions I take with your data fit within these categories:

**For Treatment, Payment, or Health Care Operations:** Federal privacy regulations permit health care providers with direct patient relationships to use or share a patient's health data without written consent for the provider's own treatment, payment, or operational needs. I can also share your data for other health care providers' treatment activities without your authorization. For instance, if one health care provider consults another about your health, they can access and discuss your confidential health data to assist in your diagnosis and treatment. Sharing for

treatment is comprehensive since other providers require complete records to deliver quality care. The term "treatment" encompasses coordinating care with third parties, consultations among providers, and patient referrals.

**Lawsuits and Disputes:** In legal matters, if you are part of a lawsuit, I might share your health details in response to a court or administrative directive. If there is a subpoena, discovery request, or another legal process from someone else in the dispute, I might disclose your health data. This is done only after efforts to notify you or when a protective order for the requested data is sought.

### **Certain Uses and Disclosures Require Your Authorization**

**Session Notes:** I keep "session notes" 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 associates to help them improve their clinical skills.
- 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 session 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.

**Marketing Purposes:** As a health care provider, I will not use or disclose your PHI for marketing purposes.

**Sale of PHI:** As a health care provider, I will not sell your PHI in the regular course of my business.

### **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.
- 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 research purposes, including studying and comparing the patients who received one form of care versus those who received another form of care for the same condition.
- 8) Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- 9) For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI to comply with workers' compensation laws.
- 10) 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. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

### **Certain Uses and Disclosures Require You to Have the Opportunity to Object**

- 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.

### **You Have the Following Rights with Respect to Your PHI**

- 2) **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 negatively affect your health care.
- 3) **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.
- 4) **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.
- 5) **The Right to See and Get Copies of Your PHI:** Other than "session 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.

- 6) **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. 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 may charge you a reasonable cost-based-fee for each additional request.
- 7) **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.
- 8) **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.

#### **CLIENT SIGNATURE, ACKNOWLEDGEMENT, AGREEMENT, AND CONSENT**

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