



"A Place of Grace"

3510 Clinton Place, Suite 320
Lawrence, KS 66047
(785) 843-2429
FAX: (785) 843-7386

1119 SW Gage Blvd.
Topeka, KS 66604
(785) 271-6072

Psychologists

Barrie Arachtingi, Ph.D.
Executive Director
Kristine Johnson, Ph.D.
Debra McQueeney, Ph.D.
Kristin Teasdale, Ph.D.

Social Worker

Paul R. Cox, LCSW

Mediator/Therapist

Verdell Taylor, Jr., M.S.

36 Years of Service

NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Uses and Disclosures of Your Protected Health Information

1. We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.
 - Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be discussing your situation with your physician for the purpose of obtaining medication.
 - Payment means such activities as obtaining reimbursement for services, confirming insurance benefits, billing or collection activities, and acquiring authorization for services from your insurance company. An example of this would be submitting a claim for your visit to your insurance company for payment.
 - Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.
2. We may also create and distribute de-identified health information by removing all references to individually identifiable information.
3. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may do this via US Mail, e-mail, or by telephoning any numbers you provide, unless you specifically request us in writing not to use any or all of these communications.
4. We may discuss non-clinical information, such as appointment times or financial information, with members of your household or family, unless you specifically request us not to in writing. Also, unless you object, your clinician, using his/her best judgment, may disclose to a family member, other relative, close personal friend or another person you identify, health information relevant to that person's involvement in your care.
5. We may disclose health information as required by law or in response to a valid subpoena.

Any other uses and disclosures of your information will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Your Rights Under HIPAA

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

1. The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. These requests must be submitted to our office in writing. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
2. The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. If you choose to exercise this option, you must inform us in writing.
3. The right to inspect and copy your protected health information, with the exception of psychotherapy notes, which are the clinician's private thoughts and protected by law. However, this request to inspect and/or copy your records may be denied for any of the following reasons:
 - a. access is reasonably likely to endanger the life or physical safety of anyone;
 - b. the information requested makes reference to another person and access is likely to cause substantial physical or psychological harm to the other person;
 - c. the information was intended for use in a civil, criminal, or administrative action;
 - d. the request for access is made by a personal representative, and in our judgment, providing access to the information could reasonably cause substantial harm to any person.

If your request is denied, we will notify you in writing within 30 days. If you disagree with our decision, you may send us a written statement explaining your reasoning. You are also entitled to an opportunity to have the denial reviewed by another licensed mental health professional.

4. The right to amend your protected health information. However, this request to amend your record may be denied for any of the following reasons:
 - a. if we did not create the record, and therefore cannot attest to its accuracy;
 - b. if the records are not available to you as described above;
 - c. if we believe the record to be accurate and complete.

If your request is denied, we will notify you in writing within 30 days. If you disagree with our decision, you may send us a written statement explaining your reasoning.

5. The right to receive an accounting of non-routine disclosures of protected health information—those other than for payment treatment, or health care operations.
6. The right to revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on it. Any revocation of consent must be made in writing.
7. The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257 Toll Free: (877) 696-6775