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NOTICE OF PRIVACY PRACTICES

The privacy of your health information is important to me. I will maintain the privacy of your health information and I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so.

Federal law, commonly known as HIPAA, requires that I take additional steps to keep you informed about how I may use information that is gathered in order to provide health care services to you. This notice describes how I may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice also describes your rights regarding health information I maintain about you and a brief description of how you may exercise these rights. If you have any questions about this notice, please let me know.

The Health Insurance Portability and Accountability Act (HIPAA) mandates the protection and confidential handling of protected healthcare information (PHI). Your health information includes any information that I record or receive about your past, present, and future healthcare. HIPAA regulations require that I maintain this privacy and provide you a copy of this statement.

Protected Health Information. Standard practice requires me to keep a record of your treatment. This includes relevant data about dates of service, payments for service, insurance billing, and relevant treatment information. This record of treatment is your protected health information (PHI). I may use or disclose your PHI for payment, treatment, and healthcare operation purposes:

- **Treatment:** I may use or disclose your PHI to coordinate or manage your treatment. An example of treatment would be when I consult with another healthcare provider or therapist. Consultation with colleagues is an important means of ensuring and maintaining the competence of my work. APA ethical standards permit discussion of client information with colleagues without prior consent as long as the identity of the client can be adequately protected. In some instances, the obligation to provide the highest quality service may require consultation that reveals a person's identity without prior consent; such disclosures occur only when it cannot be avoided and I only disclose information that is necessary.
- **Payment:** I will disclose your PHI if you request that I bill a third party. An example of payment is when I disclose your PHI to your health insurer to obtain reimbursement or to

determine eligibility or coverage. If your account with me is unpaid and we have not arranged a payment plan, I can use legal means to get paid – the only information I will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met, and the amount you owe me.

- **Healthcare operations:** I may disclose your PHI during activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment activities, case management, audits, and administrative services.

Record keeping practices and Limited Documentation. I maintain your records in a secure location that cannot be accessed by anyone else. This documentation shall include: a) Client name, date of birth, address, phone, email, emergency contact; b) The fee arrangement and record of payments; c) Dates counseling was received; d) Disclosure form, signed by you and me; e) The presenting problem and diagnosis; f) Notation and results of formal consults, including information obtained from other persons or agencies through a release of information; g) Progress notes sufficient to support responsible clinical practice. It is your right under the law to request that only items “a” through “d” above be kept in the form of written records. If you prefer that I only keep written records of items “a” through “d” above, you must give me a written request to this effect for your file. Please ask me if you have any questions about this.

Your rights regarding your protected health information. 1) You have the right to inspect and copy your PHI, which may be restricted in certain limited circumstances, for as long as I maintain it. I will charge you a reasonable cost-based fee for copies. 2) You have the right to ask that I amend your record if you feel that the PHI is incorrect or incomplete. I am not required to amend it; however, you have the right to file a statement of disagreement with me, to which I am allowed to prepare a rebuttal and it will all go into your record. 3) You have the right to request the required accounting of disclosures that I make regarding your PHI. This documents any non-routine disclosures made for purposes other than your treatment, as well as disclosures made pertaining to your treatment for purposes of quality of care. 4) You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or operations of my practice. I am not required to agree to your request; and in instances where I believe it is in the best interest of quality care, I will not honor your request. 5) You have the right to request confidential communication with me. An example of this might be to send your mail to another address or not call you at home. I will accommodate reasonable requests and will not ask why you are making the request. 6) If you believe I have violated your privacy rights you have the right to file a complaint in writing with me and/or the Secretary of Health and Human Services. I will not retaliate against you for filing a complaint. 7) You have the right to have a paper copy of this disclosure.

Uses and disclosures that do not require your authorization or an opportunity to object. You have the right to confidentiality. Under most circumstances, I cannot release any information to anyone without your prior written permission, and you can change your mind and revoke that permission at any time. The following are legal exceptions to your right to confidentiality. I will do my best to inform you of any time I have to break confidentiality.

- **Abuse and threat to health:** In the instance when you or someone else is in imminent danger of harm I may disclose your PHI for the purpose of safety.
 - If I have good reason to believe that you will imminently and seriously harm another person, I may legally give this information to the police or the disclosed victim.
 - If I believe you are in imminent danger of harming yourself, I may legally break confidentiality by calling the police, calling the county crisis team, or contacting your family.
 - In an emergency where your life is in danger, and I cannot get your consent, I may give another professional some information to protect your life.
 - If I have reasonable cause to believe that a child or vulnerable adult has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services within 48 hours.
- **Criminal activity:** I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against me.
- **Court proceedings:** I may be required to disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will comply with this order if (a) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, (b) no protective order has been obtained, and (c) I have satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand. In these cases, I am required to submit information to the court unless I have reason to believe that this disclosure will harm the client.

Uses and disclosures that require your authorization. The following uses and disclosures of PHI will be made only with a client’s (or authorized representative’s) written authorization: 1) most uses and disclosures of psychotherapy notes, if applicable; 2) uses and disclosures of PHI for marketing purposes; 3) uses and disclosures that constitute a sale of PHI; and 4) other uses and disclosures not described in the Notice of Privacy Practices. Individuals will be notified if there is a breach of unsecured PHI. You have the right to restrict certain information to health plans when you pay out-of-pocket. Additionally, if I intend to send fundraising communications to you, I must specify this and give you the right to opt out of the fundraising communications. These confidentiality rules apply after the death of the client (the privilege passes to the executor or legal representative of the client).

ACKNOWLEDGMENT OF RECEIPT OF “NOTICE OF PRIVACY PRACTICES”

My eSignature below is acknowledgement that I am the client or the person authorized to consent for psychotherapeutic care for the client and that I received a copy of the Notice of Privacy Practices and Limits of Confidentiality for Kelsey Lockard, MA, LMHC.