

NOTICE OF PRIVACY POLICIES

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

Effective Date: April 14, 2003

I respect client confidentiality and only release medical information in accordance with the Indiana and federal law. This notice describes my policies related to the use of the records of your care provided by Crystal Whitlow, LCSW.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care (hereafter "you" will be known to refer to you as a client and/or your minor child for whom I am providing services), there are times when I will need to share your medical information with others outside of my practice. This includes for:

Treatment: I may use or disclose medical information about you to provide, coordinate or manage your care or any related services, including sharing information with others outside of this practice that I am consulting with or referring you to.

Payment: Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

Healthcare Operations: I may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care and training staff.

Information Disclosed Without Your Consent: Under Indiana and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies: Sufficient information may be shared to address the immediate emergency you are facing.

As Required by Law: This would include situations where I have a subpoena, court order, or I am mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

Government Requirements: I may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. I am also required to share information, if requested with the Department of Health and Human Services to determine my compliance with federal laws related to health care.

Criminal Activity or Danger to Others: If a crime is committed on my premises or against my personnel I may share information with law enforcement to apprehend the criminal, I also have the right to involve the law enforcement when I believe an immediate danger may occur to someone.

CLIENT RIGHTS STATEMENT

You have the following rights under Indiana and federal law:

Copy of Record: You are entitled to inspect the medical record I have generated about you. I may charge you a reasonable fee for copying and mailing your record.

Release of Records: You may consent in writing to release of your records to others, for any purpose you choose. This could include your physician, attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has already been taken in reliance upon your prior authorization.

Restriction of Record: You may ask me not to use or disclose part of the medical information. This request must be in writing. I am not required to agree to your request if I believe it is in your best interest to permit use and disclosure of the information. The request should be given to the Privacy Contact (see below).

Contacting You: You may request that I send information to another address or by alternative means. I will honor such request as long as it is reasonable and I am assured it is correct. I have a right to verify that the payment information you are providing is correct under law. I can also provide you information by email if you request. If you wish me to communicate by email you are entitled to a paper copy of this privacy notice.

Amending Record: If you believe that something in your record is incorrect or incomplete, you may request I amend it. To do this, contact the Privacy Contact and ask for the *Request to Amend Health Information* form. In certain cases, I may deny your request. If I deny your request for an amendment you have a right to file a statement stating that you disagree with me. I will then file my response and your statement and my response will be added to your record.

Accounting for Disclosures: You may request an accounting of any disclosure I have made related to your medical information, except for information used for treatment, payment, or health care operation purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to the Privacy Contact. I will notify you of the cost involved in preparing this list.

Questions and Complaints: If you have any questions, or wish a copy of this Policy or have any complaints you may contact the Privacy Contact in writing at my office for further information. You may also contact the Secretary of Health and Human Service if you believe I have violated your privacy rights. I will not retaliate against you for filing a complaint.

Changes in Policy: Katie L. Steele, Ph.D. reserves the right to change the Privacy Policy based on the needs of and changes in state and federal law.

Privacy Contact: If you have any additional questions about these policies or your rights contact:

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