



## Notice of Health Information 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.

**Seeds of Change Therapy, LLC and Cheryl A.Kosmerl, MSW, LCSW** both hereinafter noted as “*Contractor*” is required to maintain the privacy of your health information and to provide you with a notice of legal duties and privacy practices. This *Contractor* will not use or disclose your health information except as described in this Notice. This Notice applies to all of the medical records generated by the *Contractor* as well as records received from other providers.

**Uses and Disclosures Requiring Your Consent:** With your consent, this *Contractor* may use and disclose your health information for the following purposes:

**Treatment:** *Contractor* may use your health information in the provision and coordination of your healthcare. *Contractor* may disclose all or any portion of your medical record information to your attending physician, consulting physician(s), nurses, technicians, medical students, and other health care providers who have a legitimate need for such information in your care and treatment. Different departments may share health information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. *Contractor* also may disclose your health information to people outside of the *Contractor* who may be involved in your medical care after you leave this *Contractor* such as family members, clergy and others used to provide services that are part of your care. Other ways this *Contractor* may use or disclose your health information for purposes related to treatment are:

**Treatment Alternatives:** inform or recommend possible treatment options or alternatives that may be of interest to you.

**Appointment Reminders:** contact you as a reminder regarding an appointment for treatment or medical care with this *Contractor*.

**Payment:** This *Contractor* may release health information about you for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill(s) and may include copies or excerpts of your medical record which are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis and the procedures and supplies used. This *Contractor* may also provide payment information to other care providers who have been involved in your care, for example, an ambulance company.

**Routine Healthcare Operations:** This *Contractor* may use and disclose your health information during routine healthcare operations, including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of this *Contractor* medical research and educational purposes. This *Contractor* may engage outside companies to complete certain aspects of routine healthcare operations. These entities are called the “business associates” of this *Contractor*. This *Contractor*



may need to disclose your health information to the business associates to allow them to perform their duties. The business associates will, in turn, use and disclose your health information as they conduct business on this *Contractor's* behalf. Examples of business associates, include, but are not limited to, a copy service, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. This *Contractor* requires the business associate to protect the confidentiality of your health information.

**Uses and Disclosures Requiring Your Authorization:** This *Contractor* may not disclose your health information to individuals outside of the *Contractor* for purposes other than treatment, payment or healthcare operations without your authorization. In addition, this *Contractor* may not use or disclose psychotherapy notes written by your mental health provider, if any, without your authorization, even for treatment, payment or healthcare operations. You have the right to revoke any authorization you have previously given by submitting a written statement of revocation to this *Contractor*.

**Uses and Disclosures to Which You May Object:**

**Family/Friends:** This *Contractor* may disclose your health information to a friend or family member(s) who is (are) involved in your medical care and may give information to someone who helps pay for your care. This *Contractor* may also tell your family or friends of your condition and that you are in the Hospital. In addition, this *Contractor* may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you have any objection to the use and disclosure of your health information in this manner, please inform this *Contractor* in writing.

**Uses and Disclosures that are Required or Permitted Without Consent or Authorization:**

**Research:** Under certain circumstances, this *Contractor* may use and disclose your health information to approved clinical research studies. While most clinical research studies require specific patient consent, there are some instances where a retrospective record review with no patient contact may be conducted by such researchers. For example, the research project may involve comparing the health and recovery of patients who received one medication for their medical condition to those who received a different medication for that same condition.

**Regulatory Agencies:** This *Contractor* may disclose your health information to the government and certain private health oversight agencies, for example, the Department of Public Health and Environment, the Joint Commission on Accreditation of Healthcare Organizations or the Board of Medical Examiners, for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary to monitor compliance with the requirements of government programs.

**Law Enforcement/Litigation:** This *Contractor* may disclose your health information for law enforcement purposes as required by law or in the response to a court order.

**Public Health:** As required by law, this *Contractor* may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, this *Contractor* is required to report the existence of a communicable disease, such as acquired immune deficiency syndrome (AIDS), to the Department of Public Health and Environment to protect the health and well being of the general public.



**Workers' Compensation:** This *Contractor* may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Military/Veterans:** This *Contractor* may disclose your health information as required by military command authorities, if you are a member of the armed forces.

**As Otherwise Required by Law:** This *Contractor* will disclose your health information in any situation in which such disclosure is required by law, for example child abuse and domestic abuse.

**Your rights related to your health information:** Although all records concerning your treatment obtained with this *Contractor* are the property of this *Contractor*, you have the following rights concerning your health information:

**Right to Confidential Communications:** You have the right to receive confidential communications of your health information by alternative means or at alternative locations. For example, you may request this *Contractor* only contact you at work or by mail.

**Right to Inspect and Copy:** You generally have the right to inspect and copy your health information, except as restricted by your physician or by law.

**Right to Amend:** You have the right to request an amendment or correction to your health information. If agreed that an amendment or correction is appropriate, this *Contractor* will ensure that the amendment or correction is attached to your medical record.

**Right to an Accounting:** You have the right to obtain a statement of the disclosures that have been made of your health information other than by your authorization, other than to you and other than for the purpose of treatment, payment or routine operational purposes.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. If this *Contractor* is able to agree to your request, this *Contractor* will abide by the restrictions.

**Right to Receive Copy of this Notice:** You have the right to receive a paper copy of this Notice, upon request, if this Notice has been provided to you electronically.

**Right to Revoke Consent or Authorization:** You have the right to revoke your consent or authorization to use or disclose your health information, except to the extent that action has already been taken in reliance on your consent or authorization.

**For More Information Regarding How to Exercise These Rights:** If you have questions or would like more information regarding any of the rights listed above, please contact *Contractor*.

**If You Believe That Your rights Have Been Violated:** You may file a complaint with this *Contractor* or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

**Changes to this notice:** This *Contractor* will abide by the terms of the Notice currently in effect. This *Contractor* reserves the right to change the terms of this Notice at any time. Any new notice provisions will be effective for all protected health information that it maintains. This *Contractor* will mail any revised Notice to the address you provided.

Notice effective date: The effective date of the Notice is 10/01/2003.



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If you have questions or would like more information regarding any of the rights listed on this notice, please feel free to contact this *Contractor*.

Signing below acknowledges that you received information and a copy of the Health Information Privacy Practices.

\_\_\_\_\_  
**print client's name**

\_\_\_\_\_  
**client's signature**

\_\_\_\_\_  
**print parent/guardian name**

\_\_\_\_\_  
**signature parent/guardian**

\_\_\_\_\_  
**date**

\_\_\_\_\_  
**Seeds of Change Therapy, LLC**  
*Contractor*