



## **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. This information is to help you understand your rights under federal privacy regulations, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This document focuses on your right to receive a Notice of Privacy Practices. **Please review it carefully.***

### **General Information**

I am a Licensed Clinical Professional Counselor, licensed by the Board of Professional Counselors and Therapists. I create and maintain treatment records for all clients that contain individually identifiable health information. This notice concerns the privacy and confidentiality of those records and the information contained therein.

Protected health information includes descriptive information that can be used to identify a person and relates to the physical or mental health or condition, the health care provided to the person, or payment for the health care. The protected health information includes information from the past, present, and future. The right to privacy continues after death.

Information regarding your healthcare, including payment for healthcare, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1966 (HIPAA) 42 U.S.C. & 1320 *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. & 290dd-2, 42 C.F.R. Part 2. In compliance with HIPAA, Katie Frazee, of Guiding Paths Counseling, safeguards and protects all client health information.

### **Uses and Disclosures without Your Authorization**

Before your information can be disclosed about your health in a manner in which is not described below, your written consent must first be obtained allowing the disclosure to me made. You may revoke any such written consent in writing, at any time. However, Federal law permits Katie Frazee, of Guiding Paths Counseling, to disclose information **without** your written permission for the following purposes:

- To obtain legal or financial services
- For research, audits, or evaluations
- To report a crime committed on the premises or against staff or clients
- To medical personnel in a medical emergency
- To appropriate authorities to report suspected child or elder abuse or neglect
- If you are an immediate danger or threat to yourself or someone else
- As allowed by a court order
- To a health oversight agency for oversight activities authorized by the law, including but not limited to, audits, criminal or civil investigations, or licensure or disciplinary actions

The above list is not an exhaustive list, but informs you of most circumstances when disclosures without your written authorization may be made.

## **Examples of Use or Disclosure Without Authorization**

1. If you have an outstanding balance and do not have an agreement in place with your provider regarding payment, I have the right to seek legal or financial services in order to recoup unpaid balances.
2. If I decide to consult with another licensed health care provider about your condition, I would be permitted to use and disclose your personal health information in order to assist me in the diagnosis and treatment of your diagnosis.
3. If your health plan requests a copy of your health records, or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, or to audit my practice to review my competence and my performance, or to detect possible fraud or abuse, I am permitted to use and disclose your personal health information.
4. I, or someone in my practice acting with my authority, 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. Your prior written authorization is not required for such contact.

## **Information Disclosed**

In general, uses or disclosures of your protected health information will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when I request your personal health information from another health care provider or health plan, I will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. The “minimum necessary” standard does not apply to disclosures or to requests by a health care provider for treatment purposes because health care providers need complete access to information in order to provide quality of care.

## **Client Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. I am not required to agree to any restrictions you request, but if it is agreed upon then I am bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.
2. You have the right to request that I communicate with you by alternative means or at an alternative location. I will honor such requests that are reasonable and will not request an explanation from you.
3. You have the right to inspect and copy protected health information about you by making a specific request to do so in writing, except to the extent the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances.
4. You have the right, with some exceptions, to amend healthcare information in my records by making a request to do so in writing.
5. You have the right to request and receive an accounting of disclosures of your protected health information seven years prior to the date on which the accounting is requested.
6. You also have the right to receive a paper copy of this notice.



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240-415-8777  
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## **My Duties**

I am required by law to maintain the privacy and confidentiality of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. I am required by law to abide by the terms of this notice. I reserve the right to change the terms of this notice and to make new notice provisions effective for all protected health information I maintain. If a revision is made, I will make the notice available at my office and I will post the revised notice in a clear and prominent location.

As the Privacy Officer of this practice, I have a duty to develop, implement, and adopt clear privacy policies and procedures for my practice. I am the individual who is responsible for assuring that these privacy policies and procedures are followed not only by me, but by any employees that work for me or that may work for me in the future. I have trained, or will train, all employees that may work for me so that they understand my privacy policies and procedures.

## **Complaints and Reporting Violations**

If you think your rights are being denied or your health information is not being protected, you have the right to file a complaint to your provider (me) and/or the Secretary of the U.S. Department of Health and Human Services. I will not retaliate against you in any way for filing such a complaint.

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Ave, SW  
Room 509F HHH Bldg.  
Washington, DC 20201  
1-877-696-6775  
**[www.hhs.gov/hipaa](http://www.hhs.gov/hipaa)**

Violation of confidentiality laws by a clinician or program is a crime. Suspected violations of confidentiality laws may be reported to the United States Attorney in the district where the violation occurs.

## **Effective Date**

This notice became effective April 15, 2014.



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## Notice of Privacy Practices

By signing below I, \_\_\_\_\_,  
hereby acknowledge that I have received a copy of the **Notice of Privacy Practices Form.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date