

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This HIPAA Notice of Privacy Practices & Client Rights document supersedes all prior versions of the HIPAA Notice of Privacy Practices & Client Rights document. Please read and indicate that you have reviewed, understand, and agree to this information by signing and dating page three of this document.

Abounding Grace Counseling, LLC and Lauren D. Queen, MA, LPC, LCPC only releases information in accordance with state and federal laws and the ethics of the counseling profession. This notice describes policies related to the use and disclosure of clients' healthcare information.

Use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

Your Health Information: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

How I May Use and Disclose Health Information About You: The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another. Payment disclosures may include a bank seeing your name on a check deposited into Abounding Grace Counseling, LLC's account, thereby creating an association.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request. If you are involved in a dispute and I receive a subpoena, it will be your responsibility to seek any order of protection regarding your confidential information. You understand that I will comply with any lawful subpoena unless and until you seek and obtain a protective order for your confidential information. You understand that I will not engage a lawyer and file any motion with any court in order to avoid compliance with a lawful subpoena.

Certain Uses and Disclosures Require Your Authorization

1. Psychotherapy Notes: I do keep “psychotherapy notes” (sometimes referred to as “process notes”), as that term is defined in 45 CFR § 164.501, and you understand that such notes will be kept confidential from the public by me, but that they may be used by me in the following circumstances:

- a. For my use in treating you.
- b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

You understand that these psychotherapy notes belong to me and are not part of your therapy file and are not accessible by you if you request a copy of your therapy file.

2. Marketing Purposes: As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

3. Sale of PHI: As a psychotherapist, I will not sell your PHI in the regular course of my business.

Certain Uses and Disclosures that Do Not Require Your Authorization/Consent

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers’ compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers’ compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
11. For my efforts to collect any outstanding invoices for fees rendered, which are outstanding for more than sixty days.

Certain Uses and Disclosures Require You to Have the Opportunity to Object

Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part in writing. The opportunity to consent may be obtained retroactively in emergency situations.

You Have the Following Rights with Respect to Your PHI

- 1. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Requests must be made in writing and I am not required to agree to your request. I may say “no” if I believe it would affect your health care.
- 2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- 3. The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
- 4. The Right to See and Get Copies of Your PHI.** Other than “psychotherapy notes”, you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it (if you agree to receive a summary), within 30 days of receiving your written request. I may charge a reasonable, cost based fee for doing so. A written authorization is needed to release records to others. A revocation is not valid to the extent that we have acted in reliance on such previous authorization.
- 5. The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
- 6. The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
- 7. The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

Questions or Complaints

If you would like more information and/or an explanation of my privacy practices, or if you have any questions or concerns please contact me directly. Please know that you have recourse if you feel that your privacy protections and/or rights have been violated. If you feel you have been wronged in any way, I request that you first come to me and respectfully communicate your grievance(s) in an attempt for us to resolve the situation. If you feel your matter is still not resolved following our meeting, you may pursue further recourse at your discretion. You have the right to file a written complaint regarding violations of the provision of this Notice or the policies and processes of my office with Abounding Grace Counseling, LLC, the Department of Health & Human Services, the Missouri Committee for Professional Counselors, or with the Office of Civil Rights (contact information is available upon request). I will not retaliate against you for filing a complaint.

Effective Date of this Notice

This notice went into effect on May 12, 2012.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING THIS DOCUMENT, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Signature

Date