



LYNN GUTKNECHT
COUNSELING

NOTICE OF PRIVACY PRACTICES

In compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), this notice describes how health information about you is protected, how it may be used or disclosed (shared), and how you can get access to it.

I place a high value on your privacy, and recognize that you must feel comfortable about privacy practices in order to communicate freely in counseling. If you have any questions about this notice or about how your PHI is used, please discuss them with me.

During the process of providing counseling services, I will obtain, record, and use mental health and medical information about you that is protected health information [PHI]. Ordinarily, that information is confidential.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization (a signed Release of Information form). If you do allow me to use or disclose your PHI and then change your mind, you can cancel that permission in writing at any time.

Uses (Inside Practice) and Disclosures (Outside Practice) That Do Not Require Your Written Consent. I can use and disclose your PHI without your authorization for the following reasons:

1. **Treatment.** I can use your PHI to treat you, such as doing treatment planning or assessing whether you are benefiting from services. Treatment may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although I prefer to ask for your written authorization to do so.
2. **Payment.** Your PHI may be used, as needed, in activities related to obtaining payment for your counseling services. This may include providing you with documentation of your care so that you may obtain reimbursement from your insurer.
3. **Health Care Operations.** I may use or disclose your PHI, as needed, in support of business activities related to my practice. This may include the use of billing or other business services. It may also involve contacting you when necessary to reschedule or remind you of appointments.

4. **Required by Law.** I will disclose PHI when required by law or when necessary for health care oversight. This includes, but may not be limited to: (a) reporting child abuse or neglect; (b) reporting suspected elder abuse; (c) when court-ordered to release information; (d) when the patient is a danger to self or others or gravely disabled; (e) when there is a legal duty to warn or take action regarding imminent danger to others; (e) when a coroner is investigating a patient's death; (f) for worker's compensation and similar programs if a patient files a claim.

Your Rights Regarding Your PHI

You have the following rights with respect to your PHI:

1. **The Right to Request Restrictions.** You have the right to request restrictions on certain uses/disclosures of PHI. However, I am not required to agree to the request, especially if I believe it will compromise your 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 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.** You have the right to get a copy of your medical record and other information that I have about you.
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.
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, you can ask me to make additions to your record to correct the existing information or add the missing information. You must make this request in writing.

How to Complain About My Privacy Practices

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my practice. My address and telephone number are on this document.

You can also file a HIPAA complaint with the U.S. Department of Health and Human Services/Office for Civil Rights. Visit www.hhs.gov for information on the complaint process or to file a complaint online.

I will not in any way limit your care or take any actions against you if you file a complaint.

The effective date of this notice is July 1, 2019.