



Key Counseling LLC
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Meridian, ID 83642
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HIPAA Notice of Privacy Practices

This Notice of Privacy Practices is NOT an authorization. IT describes how I, my Business Associates, and their subcontractors may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. "Protected Health Information" is information that identifies you individually, including demographic information that relates to your past, present, or future physical or mental health condition and related health care services.

PROTECTED HEALTH INFORMATION AND YOUR RIGHTS

The following are statements of your rights, subject to certain limitations, with respect to your PHI:

- **You have the right to inspect and copy your PHI (reasonable fees may apply):** Pursuant to your written request, you have the right to inspect and copy your PHI in paper or electronic format. Under federal law, you may not inspect or copy the following types of records: psychotherapy notes, information compiled as it related to civil, criminal, or administrative action or proceeding; information restricted by law; information related to medical research in which you have agreed to participate; information obtained under a promise of confidentiality; and information whose disclosure may result in harm or injury to yourself or others. We have up to 30 days to provide the PHI and may charge a fee for the associated costs.
- **You have a right to a summary or explanation of your PHI:** You have the right to request only a summary of your PHI if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the information when you request your entire record.
- **You have the right to obtain an electronic copy of medical records:** You have the right to request an electronic copy of your medical record for yourself or to be sent to another individual or organization when your PHI is maintained in an electronic format. I will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, I will provide the record in a standard electronic format or a legible hard copy form. Record requests may be subject to a reasonable, cost-based fee for the work required in transmitting the electronic medical records.
- **You have the right to receive a notice of breach:** In the event of a breach of your unsecured PHI, you have the right to be notified of such breach.
- **You have the right to request Amendments:** At any time if you believe the PHI, we have on file for you is inaccurate or incomplete, you may request that we amend the information. Your request for an amendment must be submitted in writing and



detail what information is inaccurate and why. Please note that a request for an amendment does not necessarily indicate the information will be amended.

- **You have a right to receive an accounting of certain disclosures:** You have the right to receive an accounting of disclosures of your PHI. An “accounting” being a list of the disclosures that we have made of your information. The request can be made for paper and/or electronic disclosures and will not include disclosures made for the purpose of: treatment; payment; healthcare operations; notification and communication with family and/or friends; and those required by law.
- **You have the right to request restrictions of your PHI:** You have a right to restrict and/or limit the information I disclose to others, such as family members, friends, and individuals involved in your care or payment for your care. You also have the right to limit or restrict the information we use or disclose for treatment, payment, and/or health care operations. Your request must be submitted in writing and include the specific restriction requested, whom you want the restriction to apply, and why you would like to impose the restriction.
- **You have a right to request to receive confidential communications:** You have a right to request confidential communications from me by alternative means or at an alternative location. For example, you may designate I send mail only to an address specified by you which may or may not be your home address. You may indicate if I should only call you on your work phone or specify which telephone numbers I am allowed or not allowed to leave messages on. You do not have to disclose the reason for your request; however, you must submit a request with specific instructions in writing.
- **You have a right to receive a paper copy of this notice:** Even if you have agreed to receive an electronic copy of this Privacy Notice, you have the right to request I provide it in paper form. You may make such a request at any time.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

I will not use or share your information other than as described here unless you provide your permission to me in writing. If permission is given you may change your mind at any time. Notification of such a change must be provided to me in writing.

USES AND DISCLOSURES OF YOUR PHI

I may use and disclose your PHI in the following situations:

- **Treatment:** I may use or disclose your PHI to provide medical treatment and/or services in order to manage and coordinate your medical care. For example, I may share your medical information with other physicians and healthcare providers, hospitals, rehabilitation therapists, home health providers, laboratories, nurse case managers, worker’s compensation adjusters, etc. to ensure that the medical provider has the necessary medical information to diagnose and provide treatment to you.
- **Payment:** Your PHI may be used to obtain payment for your health care services. For example, I will provide your health care plan with the information it requires in order for me to be paid for the services I have provided to you. This use and disclosure may also include certain activities that your health plan requires prior to



approving a service, such as determining benefits eligibility and prior authorization, etc.

- **Business Operations:** I may use and disclose your PHI to manage, operate, and support the business activities of my practice. These activities include, but are not limited to, quality assessment, licensing, and conducting or arranging for other business activities. I may call you by name in the waiting room when I am ready for your session to begin. I may use or disclose your PHI, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Minors:** PHI of minors will be disclosed to their parents or legal guardians, unless prohibited by law.
- **Required by Law:** I will use or disclose your PHI when required to do so by local, state, federal, and international law.
- **Abuse, Neglect, and Domestic Violence:** Your PHI will be disclosed to the appropriate government agency if there is suspicion that a patient has been or is currently the victim of abuse, neglect, or domestic violence and the client agrees or it is required by law to do so. In addition, your information may also be disclosed when necessary to prevent a serious threat to your health or safety or the health and safety of others to someone who may be able to help prevent the threat.
- **Judicial and Administrative Proceedings:** As sometimes required by law, I may disclose your PHI for the purpose of litigation to include: disputes and lawsuits; in response to a court or administrative order; response to a subpoena; request for discovery; or other legal processes. However, disclosure will only be made if efforts have been made to inform you of the request or obtain an order protecting the information requested. Your information may also be disclosed if required for our legal defense in the event of a lawsuit.
- **Law Enforcement:** I will disclose your PHI for law enforcement purposes when all applicable legal requirements have been met. This includes but is not limited to, law enforcement due to identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or warrant, and grand jury subpoena.
- **Coroners and Medical Examiners:** I will disclose PHI to coroners and medical examiners to assist in the fulfillment of their work responsibilities and investigations.
- **Public Health:** Your PHI may be disclosed and may be required by law to be disclosed for public health risks. This includes: reports to the food and Drug Administration (FDA) for the purpose of the quality and safety of an FDA-regulated product or activity; to prevent or control disease; report births and deaths; report child abuse and/or neglect; notification of recalls of products; reporting a person who may have been exposed to a disease or may be at risk of contracting and/or spreading a disease or condition.
- **Health Oversight Activities:** I may disclose your PHI to a health oversight agency for audits, investigations, inspections, licensures, and other activities as authorized by law.



- **Inmates:** If you are or become an inmate of a correctional facility or under the custody of the law, we may disclose PHI to the correctional facility if the disclosure is necessary for your institutional healthcare, to protect your health and safety, or to protect the health and safety of others within the correctional facility.
- **Military, National Security, and other Specialized Government Functions:** If you are in the military or involved in national security or intelligence, we may disclose your PHI to authorized officials.
- **Worker's Compensation:** I will disclose only the PHI necessary for Worker's Compensation in compliance with Worker's Compensation laws. This information may be reported to your employer and/or your employer's representative regarding an occupational injury or illness.
- **Practice Ownership Change:** If my medical practice is sold, acquired, or merged with another entity, your PHI will become the property of the new owner. However, you will still have the right to request copies of your records and have copies transferred to another provider.
- **Breach Notification Purposes:** If for any reason there is an unsecured breach of your PHI, I will utilize the contact information you have provided me with to notify you of the breach, as required by law. In addition, your PHI may be disclosed as a part of the breach notification and reporting process.
- **Research:** Your PHI may be disclosed to researchers for the purpose of conducting research when the research has been approved by an Institutional Review or Privacy Board and in compliance with law governing research.
- **Business Associates:** I may disclose your PHI to my business associates who provide me with services necessary to operate and function as a medical practice. I will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to my business operations. For example, I may use a separate company to process my billing or transcription services that require access to a limited amount of your health information. Please know and understand that all of my business associates are obligated to comply with the same HIPAA privacy and security rules in which I am obligated.

USES AND DISCLOSURES IN WHICH YOU HAVE THE RIGHT TO OPT OUT

- **Communication with family and/or individuals involved in your care or payment of your care:** Unless you object, disclosure of your PHI may be made to a family member, friend, or other individual involved in your care or payment of your care in which you have identified.
- **Disaster:** In the event of a disaster, your PHI may be disclosed to disaster relief organizations to coordinate your care and/or to notify family members or friends of your location and condition. Whenever possible, I will provide you with an opportunity to agree or object.

CHANGES TO THIS NOTICE

I reserve the right to change the terms of this notice and will notify you of such changes. I will also make copies available of my new notice if you wish to obtain one. I will not retaliate against you for filing a complaint.



COMPLAINTS

If at any time you believe your privacy rights have been violated and you would like to register a complaint, you may do so with us or with the Secretary of the United States Department of Health and Human Services.

If you wish to file a complaint with me, please submit it in writing to Kinsey Rone c/o Key Counseling LLC 1406 N. Main St. Suite 111, Meridian, ID 83642.

If you wish to file a complaint with the Secretary of the United States Department of Health and Human Services, please go to the website of the Office for Civil Rights (www.hhs.gov/ocr/hipaa/), call 202-619-0257 (toll free 877-696-6775), or mail to:

Secretary of the US – Department of Health and Human Services
200 Independence Ave. S. W.
Washington, D.C. 20201