

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.

In order to provide you with EAP or clinical services, Patricia Feltrup-Exum, M.A., LMFT, will receive information about your health from you, your treatment providers, and others who are involved with providing, paying for, and ensuring the quality of your care. I understand that your health information is personal. I am dedicated to protecting this information.

This Notice explains the privacy practices. It describes how I may use and disclose health information that if received about any individual who applies for or obtains services from me. I am required by law to maintain the privacy of your health information and to abide by the terms of this Notice.

I reserve the right to change the terms of this Notice at any time. The new Notice will be effective for all health information that I maintain at that time. You may access the new or revised notice by contacting my office.

(1) How I May Use and Share Your Health Information

The following describes examples of the ways I use and disclose health information about you. For each category, I explain what I mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways that I am allowed to use and disclose health information will fall within one of the categories.

To You - I must disclose your health information to you, as described in the “Your Rights Related to Your Health Information” section of this Notice.

Treatment - Your health information can be used or disclosed to provide, coordinate, or manage your health care and any related services. Your health information may be used to help you make decisions about your care. I will also disclose your information to others to provide you with medical treatment or services. For instance, I may use health information to coordinate treatment with your primary care provider.

Payment - Your health information will be used, as needed, to make or obtain payment for your health care services. This may include certain activities that I undertake to approve or pay for your health care services, such as making a determination of eligibility, reviewing services provided to you for medical necessity, or claims processing activities. For example, I may use your health information to receive payment for a service provided.

Healthcare Operations - I may use or disclose your health information on an as-needed basis for my day-to-day

operations. These activities may include reviewing my performance to provide you with quality care. I may also disclose your health information as necessary to third parties who I contract with to provide administrative services. These third parties who perform services or functions for us are called business associates, and they may include lawyers, auditors, accreditation services, consultants, and similar individuals or entities. For example, I may disclose your health information to a company that assists me with paying claims.

(2) Uses and Disclosures of Health Information for Other Purposes

Unless otherwise noted, I may use or disclose your health information in the following listed situations without your authorization. I will not use or disclose your health information for other reasons without your authorization, unless otherwise permitted or required by law.

Required By Law - I may use or disclose your health information to the extent that the use or disclosure is required by law. The use or disclosure will be made and limited in accordance with the law. This includes reporting information to government agencies that monitor the health care system and disclosures required by court orders or other judicial or administrative processes.

Public Health Oversight - I may disclose your health information to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; licensure or disciplinary actions (for example, to investigate complaints against health care providers); inspections; and other activities necessary for appropriate oversight of government programs (for example, to investigate Medicaid fraud).

To Report Abuse or Neglect - I may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. I will make this report only in accordance with laws that require or allow such reporting, or with your permission.

For Research Purposes - In certain limited circumstances, I may share your health information in order to assist with medical or scientific research. Federal rules govern any disclosure of your health information for research purposes without your authorization.

Lawsuits and Disputes - If you are involved in a lawsuit or dispute, I may disclose your health information in response to a court or administrative order. I may also disclose your health information in conjunction with a judicial or administrative proceeding including a response to a subpoena, discovery request or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. I may also disclose your health information in a lawsuit brought for payment purposes.

Law Enforcement - I may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person,

or in connection with suspected criminal activity. I must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.

To Avert a Serious Threat - I may disclose your health information if I decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.

Family and Friends - I may disclose your health information to a family member or to someone else who is involved in your medical care or payment for care. This may include telling a family member about the status of a claim or what benefits you are eligible to receive. In the event of a disaster, I may provide information about you to a disaster relief organization so they can notify your family of your condition and location. I will not disclose your information to family or friends if you tell me that you object. I may also disclose information to your personal representatives who have authority to act on your behalf (for example, to parents of minors or to someone with a power of attorney).

Specialized Purposes - I may disclose your health information for a number of other specialized purposes. I will only disclose as much information as is necessary for the purpose. For instance, I may disclose your information to coroners, medical examiners and funeral directors. I may also disclose information for organ, eye, or tissue donation, or for national security, intelligence, and protection of the president. I may disclose the health information of members of the armed forces as authorized by military command authorities. I may also disclose your health information to your employer for purposes of workers’ compensation and work site safety laws.

(3) Your Rights Related to Your Health Information

You have the right to inspect and copy your health information. This means you may inspect and obtain a copy of health information about you that is contained in a designated record set for as long as I maintain the health information. A “designated record set” contains medical and billing records and any other records used to make decisions about you. For example, you may inspect and copy your medical record.

Under federal law, you may not inspect or copy the following records: (i) psychotherapy notes; (ii) information compiled for use in a civil, criminal, or administrative action or proceeding, and (iii) health information that is restricted by another law.

You may submit your written request to inspect and copy particular information to Patricia Feltrup-Exum, at the address shown on page 5. You may also request a summary of your information. Your request must be signed and must state what information you would like and how you would like to access the information (for example, if you want the copies mailed or if you want to arrange a meeting).

If your written request is accepted, you may be charged a reasonable, cost-based fee. If your written request is denied, you have a

right to have this decision reviewed. You may contact the Secretary of the Department of Health and Human Services if you are not satisfied with this decision. If you have any questions about this process, I am available to address these concerns. You may

You have the right to request a restriction of your health information. This means you may ask me not to use or disclose a part of your health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your health information not be disclosed to family members or friends who may be involved in your care and who may request the information for notification purposes.

I am not required, however, to agree to a restriction that you may request. I will review all requests and make a decision. If I do agree, I will comply with the request unless the information is needed to provide you with emergency treatment. I cannot agree to restrict disclosures that are required by law.

You may request a restriction in writing to me. Your request must be signed and dated. Your request must state who the restriction will apply to and whether you want me to limit the use, disclosure, or both.

If certain communications could endanger you, you have the right to request that I send you confidential communications by alternative means or at an alternative location. This means that you have the right to ask me to communicate with you at a special address or by a special means. For example, you may ask me to send your medical record or bill to a different address rather than to your home. You may also ask me to speak to you personally on the telephone rather than sending your health information by mail.

I will agree to reasonable requests. All requests must be in writing and must state the basis for the request, including an explanation of why the disclosure of all or part of the information will endanger you. Please make this request in writing to me.

You have the right to request amendments to your health information. This means you may request an amendment of your health information in a designated record set if you believe it is incorrect or incomplete. All requests for amendment must be in writing and must provide a reason to support the requested amendment. *I am not required to agree to your request.*

I may deny your request if I did not create the information, if it is not part of the records I use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.

If I deny your request for amendment, you have the right to file a statement of disagreement with me, or request that I provide your request and the denial with any future disclosures that are related to the amendment. If you file a statement of disagreement with me,

I may prepare a rebuttal to your statement. Please notify me in writing if you have questions about amending your information.

You have the right to receive an accounting or list of certain disclosures I have made, if any, of your health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It also excludes: (i) disclosures that you have authorized; (ii) disclosures made directly to you; (iii) disclosures to family members or friends involved in your care; (iv) disclosures for national security or intelligence purposes; and (v) disclosures to law enforcement officials.

You have the right to a list of other disclosures that occurred after April 14, 2003. Your request should be in writing and it should indicate in what form you want the list (for example, on paper or electronically). You must state a time frame for your request. The time frame may not be longer than six years.

The first list that you receive within a twelve-month period will be free. For additional lists, I may charge you for the costs of providing the list. I will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this Notice. Upon your request, I will provide you with a second notice upon request.

You have the right to make and revoke authorizations. As noted above, I will not use or disclose your health information for reasons that are not listed in this Notice without your authorization. If you authorize me to use or disclose your information, you may revoke the authorization at any time, in writing. You may not revoke to the extent that I have taken an action in reliance on it. For more information about authorizations, you may discuss this with me during your session.

(4) What You May Do If You Believe Your Rights Have Been Violated

I encourage you to send any complaints about the privacy practices in writing to my office. To submit a complaint or for further information about the complaint process, contact me in writing, I will not retaliate against you in any way for filing a complaint.

You may also contact the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by me.

Feltrup-Exum & Associates

This notice was published on April 11, 2003 and becomes effective on April 14, 2003.

Notice of Privacy Practices

