

Notice of Privacy Practices

Kristin Lanning Counseling

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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.

This notice applies to the privacy practices followed by Kristin Lanning while practicing at the private practice office listed above. I am required by law to give you this notice, maintain the privacy of your protected health information, abide by the terms described in this notice, and inform you if there is a breach of your protected health information.

This notice applies to the information and records regarding your health, health status, and the counseling and services you have received with Kristin Lanning. Your health information may include information both created and received by your providers. This may be in the form of written, verbal, or electronic information and records, and may include information about your health history, health status, symptoms, counseling, evaluations, test results, prescriptions, diagnoses, treatments, procedures and related billing activity and/or similar types of health-related information.

How Kristin Lanning may use and disclose client health information

I may use and disclose health information for the following purposes:

For treatment. I may exchange information with your primary care physician or other professionals/office staff who are involved in taking care of you and your health. I may use your health information to recommend to you possible treatment options or alternatives, or mental health-related services that may be of interest or benefit to you. At times I may consult with colleagues or relevant professionals regarding aspects of your case for the purpose of ensuring you are receiving adequate, ethical, and appropriate treatment, and in these cases I use non-identifying information whenever possible to protect your privacy.

For payment. I may use and disclose your personal health information for billing purposes and to pursue reimbursement for your care from you, the holder of your insurance policy (such as a parent or spouse), an insurance company or a relevant third party. This information may be submitted electronically through a clearinghouse billing service with certified HIPAA compliance. I may also contact your health insurance company to obtain pre-approval or to obtain information about the health plan coverage for your treatment.

Health care operations. I may use your information to comply with audits, such as by the Oregon Board or an insurance company. I may also reach you or your parents (if you are a minor) by phone, text, or email to schedule, reschedule, confirm, or remind you of appointments.

Family and friends. I may disclose health information about you to your family members or friends if I obtain your verbal agreement or your written authorization to do so. I will give you an opportunity to object to such a disclosure and request you state this in writing. I may also disclose information to your family and friends if I can infer from circumstances, based on my professional judgment that you would not object. For example, I may assume you agree to limited disclosure of information to a family member if you bring him or her with you to a counseling session. If you are a minor or are involving family members in treatment, I may discuss general themes of our work together and provide consultation to them as appropriate..

Required or permitted disclosure without your consent

I may be required or permitted to disclose your health information without your consent in some situations, including:

- **To avert a serious threat to health or safety.** I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. This includes cases of child or dependent adult abuse or neglect, which I am mandated to report.
- **As required by law.** I will disclose health information about you when required to do so by federal, state or local law.
- **As required by your employer** if you are filing for worker's compensation or a similar program, are requesting FMLA paperwork to be completed, or if you are a current or past member of certain military or government agencies.
- **Health oversight activities.** I may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes, if required by a state or government agency.
- **Law enforcement and/or lawsuits.** I may disclose health information about you in response to a court order, administrative order, or subpoena, or if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Information not personally identifiable.** I may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **In situations in which you cannot give consent,** such as if you are having an emergency or are not present, I may, using my professional judgment, determine that a disclosure to your family member or friend is in your best interest.

In that situation, I will disclose only the health information relevant to the person's involvement in your care. For example, I may inform a family member that you are at imminent risk of harming yourself and discuss relevant safety information. I may also use my professional judgment and experience to make reasonable inferences that are in your best interest to allow another person to act on your behalf.

Other uses and disclosures of health information

I will not use or disclose your health information for any purpose other than those identified in the previous sections without your consent. If you give me authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If revoked, I will no longer be able to use or disclose information about you for the reasons covered by your written authorization, but I cannot take back any uses or disclosures already made with your permission.

Your rights regarding health information

You have the following rights regarding the health information I maintain about you:

Right to inspect and copy your health information, such as medical and billing records, that I keep and use to make decisions about your care. You must submit a written request to me in order to set up an appointment to inspect and/or copy records of your health information. If you request a copy of the information, I may charge a fee for the costs of copying, mailing or other associated supplies. I may deny your request to inspect and/or copy records in certain limited circumstances, such as if I believe viewing records may cause harm to you or your child. If this is the case, I will consult with a trusted colleague or professional agency to ensure this decision is made in good clinical judgment.

Right to amend. If you believe health information I have about you is incorrect or incomplete, you may ask me to amend the information, for as long as I keep the information. To request an amendment, complete and submit an amendment/corrections request to me using the contact information listed in the heading of this notice. I may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. I may also deny your request if you ask me to amend information that I believe is accurate and complete, did not personally create, or is not information you would be permitted to inspect and copy.

Right to an accounting of disclosures. You have the right to request a list of the disclosures I have made of information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures I have made based on your written authorization. To obtain this list, you must submit your request in writing to me at the contact information listed on the heading of this notice.

Right to request restrictions on the health information I use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the information I disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. If you request a limit on information, I am not required to agree with your request if it goes against my clinical judgment, or if disclosure is required for safety reasons or as required by law.

Right to receive confidential communications. I will accommodate reasonable, written requests to receive communications of your protected health information by alternative addresses or methods of contact.

Right to a paper copy of this notice. You may ask me to give you a paper copy of this notice at any time.

Changes to this notice and complaints

I have the right to change this notice, and to make the revised or changed notice effective for information I already have about you as well as any information I receive in the future. At any time, you are entitled to request a copy of the current notice in effect. If you have concerns about the privacy of your information, or if you believe your privacy rights have been violated, you are encouraged to discuss these concerns with me. You may also file a complaint with the U.S. Department of Health & Human Services, without retaliation from me. More information is available at www.hhs.gov/hipaa/filing-a-complaint/index.html

Your signature below indicates that you have been given or offered a copy of the Notice of Privacy Practices as required by the Health Insurance Portability and Accountability Act of 1996.

Signature

Date

Effective date of this notice: June 1, 2014