



NOTICE OF PRIVACY PRACTICES—CLIENT SUMMARY

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.

Creekside Counseling, LLC provides treatment/health care to clients in partnership with other professionals and organizations.

Creekside Counseling, LLC is required by law to:

- Keep treatment/health information about you private.
- Provide you this notice of the legal duties and privacy practices with respect to treatment/health information about you.
- Follow the most stringent state and/or federal law.
- Abide by the currently published Notice of Privacy Practices.

This policy may change at any time. Changes will apply to treatment/health information already on file. When a significant change is made to the policy, a new Notice will be posted in the office and on the website www.creeksidecounselingsks.com. You can receive a copy of the current notice at any time. You will be offered a copy of the current notice at the time you are first provided care. You will also be asked to acknowledge in writing your receipt of this notice. You will be offered a copy of the notice when any change is made to the notice.

How Creekside Counseling, LLC may use and disclose treatment/health information about you.

- This practice may use and disclose treatment/health information about you for **treatment** (example, sending treatment/health information about you to a specialist as part of a referral), **to obtain payment for treatment** (example, sending billing information to your insurance company or Medicaid), and **to support health care operations** (example, using client information to improve quality of care).
- This practice may use and disclose treatment/health information about you **without** your prior authorization for several other reasons. Subject to certain requirements, your treatment/health information may be given out without prior authorization for **public health purposes, disaster relief purposes, abuse or neglect reporting, health oversight audits or inspections, national security, and emergencies**. Your treatment/health information may be disclosed when required by law, such as in response to **valid judicial or administrative orders**. Your treatment/health information may be disclosed to law enforcement for individuals who are a **victim of a crime** or if the information is evidence of a **crime or criminal conduct that occurred on the practice's premises**.
- You may be contacted for appointment reminders or informed of possible treatment options or alternative health-related benefits/services that may be of interest to you.
- Your treatment/health information may be disclosed to a friend or family member whom you designate to be involved in your care or to disaster relief authorities so your family can be notified of your location and condition.

Other uses of treatment/health information.

- In any other situation not involving routine care, financial and insurance matters, or organizational operations, written authorization will be required before using or disclosing treatment/health information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying Creekside Counseling, LLC in writing of your decision.
- Use and disclosure of psychotherapy notes that are not for permitted treatment, payment, or health care operations will only be made available with your written authorization.

- Use and disclosure of your personal health information for marketing purposes, including subsidized treatment communications, will only be made with your written authorization.
- Disclosures that constitute a sale of your personal health information will only be made with your written authorization.

Your rights regarding treatment/health information about you.

- In most cases, you have the right to look at or get a copy of your treatment/health information that is used to make decisions about your care. If you request copies, you may be charged a fee for the cost of copying and postage. If your request to review or obtain a copy of your treatment/health information is denied, you may submit a written request for a review of that decision.
- If you believe information in your record is incorrect or if important information is missing, you have the right to request correction of the record by submitting a request in writing that provides your reason for requesting the amendment. Your request to amend the record could be denied if the information was not created by this clinician, if it is not part of the medical information maintained by Creekside Counseling, LLC, or if it is determined your record is accurate. You may appeal, in writing, a decision to amend the record.
- You have the right to a list of those instances where Creekside Counseling, LLC has disclosed treatment/health information about you other than for treatment, payment, health care operations, or where you specifically authorized a disclosure, when you submit a written request. You will be informed of any fees associated with the request before you incur any costs.
- If you have paid for services out-of-pocket, you have the right to request your personal health information related solely to those services paid for out-of-pocket not be disclosed if the disclosure is to be made to a health plan for payment or health care operations.
- You have the right to a paper copy of this notice.
- You have a right to request to receive confidential communication of your treatment/health information by an alternative means or in an alternative location.
- You have the right to request treatment/health information about you be communicated to you in a confidential manner (such as sending mail to an address other than your home) by notifying Creekside Counseling, LLC in writing of the specific way or location to communicate with you.
- You may request in writing your treatment/health information is not to be disclosed for treatment, payment, or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. Your request will be considered, but this practice is not legally required to accept it. You will be informed of the decision.
- You will be notified if there is any breach of confidentiality regarding your personal health information.

Complaints

- If you wish to file a complaint because you feel your privacy rights may have been violated or you disagree with a decision made about access to your records, you may contact the Privacy Officer, Sara Grout, LMSW, at 785-648-5664.
- You may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights at the contact information listed below.
- Under no circumstances will you be penalized or retaliated against for filing a complaint.

Region VII Office of Civil Rights
 U.S. Department of Health and Human Services
 601 E. 12th Street, Room 248
 Kansas City, MO 64106
 Phone: 816-426-7278
 Fax: 816.426.3686

Effective Date: September 1, 2016