

CAROLE KUNKLE MILLER, Ph.D., ATR &

A ♦ S ♦ S ♦ O ♦ C ♦ I ♦ A ♦ T ♦ E ♦ S

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HIPPA NOTICE OF PRIVACY PRACTICES

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.

We are required by law to maintain the confidentiality of protected health information (PHI). PHI is information (created or noted) that could identify you and that relates to your past, present, or future health or condition, the provision of health care services to you, or the payment of such care. PHI is not psychotherapy notes, which are separate from the rest of the medical records and governed by separate guidelines. We will limit the PHI to the minimum necessary to accomplish the purpose for which the request is made. We are required to provide you with this Notice about our privacy procedures and legal duties. We reserve the right to amend this Notice and our privacy policies at any time. Any changes will apply to PHI already on file. You may request a copy of this Notice from us, or you can view a copy of it in our office or on our website, www.drckm.com

USE AND DISCLOSE OF YOUR PHI. Some uses or disclosures require your prior written authorization; others, however, do not.

A. Treatment. We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. For example: If a psychiatrist is treating you, we may disclose your PHI to her/him in order to coordinate your care.

B. Health care operations. We may disclose your PHI to facilitate the efficient and correct operation of the practice. Examples include evaluating the quality of health care services that you have received, evaluating the performance of the health care professionals who provided you with these services, disclosing PHI to our attorneys, accountants, consultants, and others to ensure compliance with applicable laws and as needed to facilitate business planning activities.

C. Payment for treatment. We may use and disclose your PHI to bill and collect payment for the treatment and services we provided you. For example: We may contact your health insurer to certify that you are eligible for benefits and/or we may disclose your PHI to your insurance company or health plan in order to get payment for the health care services that have been provided to you. We may also provide your PHI to business associates, such as billing or collection companies, claims processing companies, and others that process health care claims for the practice.

D. Other uses and disclosures.

1. Emergencies. Your consent isn't required if you need emergency treatment provided that we attempt to get your consent after treatment is rendered.

2. Disclosure required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement. Example: We may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding. If the request is made about the professional services the psychologist provided to the patient and/or the records thereof, such information is privileged under state law, and the psychologist must not release information without the written authorization of the patient or a court order.

3. National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence and other national security activities. We may disclose PHI to correctional institutions or law enforcement officials having lawful custody of protected PHI of inmate or patient under certain circumstances.

4. If disclosure is compelled by the patient or the patient's representative pursuant to Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.

5. To avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.

6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.

7. Abuse or Neglect: We may disclose your PHI to appropriate authorities if we have reasonable suspicion of abuse, neglect, or domestic violence, or can identify the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

8. Public Safety. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

9. Public health activities. As required by law, we may disclose PHI to public health or legal authorities for purposes related to: preventing or controlling disease, injury, or disability.

10. Deceased Persons. Provide PHI to coroners or medical examiners. For example: to identify a deceased person or to determine the cause of death.

11. Health Oversight Activities. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws. For example: We may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider. Or when investigation or assessment of our compliance with HIPAA regulations.

12. Research purposes. In certain circumstances, the practice may provide PHI in order to conduct medical research.

13. Workers' Compensation. I may provide PHI in order to comply with Workers' Compensation laws.

14. Appointment reminders and/or information about alternative or other health-related benefits and services that may be of interest to you. For example: Telephoning your home and leaving messages regarding appointments reminder or missed appointment with your answering machine or with the individual answering the telephone. This can also include text messages, it is your responsibility to maintain possession of your cellular/mobile device. Sending a Practice newsletter to your home informing you of Practice news, policies and/or general health information that may be useful to you.

15. Disclosure to family, friends, or others. PHI may be provided to a family member, friend, or individual whom you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or part. Retroactive consent may be obtained in emergency situations.

16. Business Associates. We contract with business associates to perform certain services or functions to or on behalf of the practice. For example, we may contract with a business associate to perform billing services for us. We may disclose PHI about you so that they can perform the job we have asked them to do. To protect your PHI, we require our business associates to appropriately safeguard the PHI.

Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections above, we will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that we haven't taken any action subsequent to the original authorization) of your PHI by our practice.

PATIENTS RIGHTS REGARDING PHI

• **Inspect and Obtain Copies of Your PHI.** Request must be in writing. Under certain circumstances, we may deny your request, but if we do so, a written reason for the denial will be given with an explanation of your right to have our denial reviewed. We may charge you a fee for copying. We may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

• **Request Limits on Uses and Disclosures of Your PHI.** You have the right to request additional limits on the use and disclose your PHI; however, we are not required to agree to those restrictions. If we do agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make.

• **Alternative Communication.** It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method. • Receive a List of the Disclosures Made. You are entitled to a list of disclosures of your PHI that we have made.

• **Amend Your PHI.** If you believe that your PHI is incorrect or incomplete, it is your right to request that the practice amend your PHI. Your request and the reason for the request must be made in writing. Please be advised that the practice may deny your request, if we find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than us. You will be provided with a written explanation of the denial and explanation of your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If we approve your request, we will make the change(s) to your PHI. Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change(s) to your PHI.

• **Receive a Copy of this Notice** You may also request a copy of this Notice from us, or you can view a copy of it in our office or on our website, at www.drckm.com. Our practice will make a good faith effort to obtain written acknowledgment that our patients have received this notice.

COMPLAINTS

If, in your opinion, we have violated your privacy rights, or if you object to a decision we made about access to your PHI, you are entitled to file a complaint with the Privacy Officer at 1720 Washington Road, Suite 208, Pittsburgh, PA 15241 or by calling 412-854-4887. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about our privacy practices, we will take no retaliatory action against you.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICER AT 412-854-4887.

REVOCAION OF AUTHORIZATION

A patient may revoke his/her authorization at any time, in writing; except when the psychologist has taken action in reliance on the authorization; or if the authorization was obtained as a condition to obtaining insurance coverage, and other law provides the insurer with the right to contest a claim under the policy.

THIS NOTICE IS EFFECTIVE AS OF JANUARY 5, 2017

**I acknowledge receipt of the Notice of Privacy Practices for
Carole Kunkle-Miller, Ph.D. & Associates.**

Patient Name Date

Patient Name Date

Parent/Guardian Date