

HIPPA PRIVACY PRACTICE NOTICE

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to his information. Please review carefully. If you have any questions feel free to contact me. This notice of privacy practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other sole 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 about you, including demographic information that may identify you and that relates to your past, present or future mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. The terms of this notice may be changed at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request we will provide you with any revised Notice of Privacy Practices either by mail or asking for one at the time of your next appointment.

Uses and Disclosures for Treatment, Payment and Health Care Operations:

You will be asked by your provider to sign a consent form. The provider may use or disclose your protected health information (PHI) for treatment, payment or health care operations purposes with your consent. Your protected health mental health information may be used and disclosed by the provider and her office staff, and others outside of the office that are involved in your care and treatment for the purposes of providing mental health care services to you. Your protected health information may also be disclosed to pay your health care bills and to support the operation of the practice.

Uses and Disclosures Requiring Authorization:

The provider may use or disclose PHI for purposes outside of treatment, payment or health care operations when your appropriate authorization is obtained. An 'authorization' is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the provider is asked for information outside of treatment, payment or health care operations the provider will obtain an authorization from you before releasing this information. The provider will also note conversations during a private, group, joint, or family counseling session which has been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations of PHI or psychotherapy notes at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that the provider has relied on that authorization or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer that right to contest the claim under the policy.

Uses and Disclosures with Neither Consent or Authorization:

The provider may disclose or use PHI without your consent or authorization in the following circumstances:

Child Abuse or Neglect:

When the therapist has reasonable cause to believe that a child has been subjected to abuse or neglect, or if the therapist observes a child being subjected to conditions which would reasonably result in abuse or neglect, the therapist must reported this to the proper law enforcement agency or to the Nebraska Department of Health and Human Services. • Adult and Domestic Abuse: When the therapist has reasonable cause to believe that a vulnerable adult has been subjected to abuse or if the therapist observes such an adult being subjected to conditions which would reasonably result in abuse, the therapist must report this to the appropriate law enforcement agency or the Nebraska Department of Health and Human Services. • Health Oversight Activities: For the purpose of investigation, the Director of Health and Human Services or the Director of Regulation and Licensure (the board that licenses me to practice) may subpoena relevant records from Nicole Turner Beardslee LMHP LADC. • Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and Nicole Turner Beardslee LMHP LADC will not release information without written

authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluation for a third party or where the evaluation is court-ordered. The therapist will inform you of this in advance if this is the case. • Serious Threat to Health or Safety: If you communicate to the therapist a serious threat of physical violence against a reasonably identifiable victim or victims, the therapist must communicate the threat to the victim or victims and to a law enforcement agency. • Workers Compensation: If you file a worker's compensation claim, the therapist must, on demand, make available records relevant to that claim to your employer, the insurance carrier, the workers compensation court and to you.

Client Rights:

- Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information. However; the provider is not required to agree to a restriction of your request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative locations: You have the right to request and receive confidential communications of PHI by alternative means and locations (for example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address).
- Right to Inspect and Copy: You have the right to inspect and or obtain a copy or both, of PHI and psychotherapy notes in the mental health and billing records used to make decisions about you, for as long as the PHI is maintained in the record. The provider may deny access to PHI under certain circumstances but in some cases you may have this decision reviewed. On your request, the provider will discuss with you the details of the request and denial process.
- Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The provider may deny your request. On your request, the therapist will discuss with you the details of the amendment process.
- Right to an Accounting: You generally have a right to receive an accounting of disclosures of PHI, for which you have neither provided consent nor authorization (as described earlier in this notice). On your request, the therapist will discuss with you the details of the accounting process.
- Right to a Paper Copy: You have the right to obtain a paper copy of the notice from me upon request; even if you have agreed to receive the notice electronically.

Therapists Duties:

- The provider is required by law to maintain the privacy of PHI and to provide you with any notice of my legal duties and privacy practices with respect to PHI.
- The provider reserves the right to change privacy practices and policies described in this notice. Unless the provider notifies you of such changes however; the provider is required to abide by the terms currently in effect.
- If the provider revises the policies and procedures, a notice will be mailed or given to you at your next appointment. If you are concerned that the provider has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact the provider directly, or you may also file a written complaint with the Secretary of Health and Human Services, Herbert Humphrey Building 200 Independence Avenue SW, Washington DC 20201. There will be no retaliation for filing a complaint.

Effective Date, Restrictions, and Changes to Privacy Policy:

This notice will go into effect January 1, 2020 with last revised version June 1, 2019. The provider reserves the right to change this notice and reserves the right to make the revised change notice effective for mental health information we may already have about you, as well as any information we receive in the future.

Rev: 05-01-2017, 06-01-2019.