

September 1, 2006

Jennifer Danhauser, LPC
Notice of Privacy Practices and Clients' Rights

This notice describes how mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I, Jennifer Danhauser, LPC only release information in accordance with state and federal laws and the ethics of the counseling profession. This notice describes the policies related to the use and disclosure of a client's healthcare information.

I understand that health and service information is personal. I am committed to protecting health and service information about you. I create a record of the care and services you receive at this practice. This Notice of Privacy Practices and Client's Rights describes how I may use and disclose your **Protected Health Information (PHI)**.

I am required by law to:

- Make sure that health and service information that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health and service information about you; and
- Follow the terms of this notice that are currently in effect.

I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail or providing one to you at your next appointment upon request.

How I May Use and Disclose Protected Health Information:

Those involved in your care may use and disclose PHI for a variety of reasons. For most uses/disclosures, I must obtain your consent. However, the law provides that I am permitted to make some uses/disclosures without your consent or authorization. The following offers more descriptions and examples of the potential uses/disclosures of your protected health information.

Treatment: Your PHI may be used and disclosed by those involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes peer review, consultation with a consultant, colleague, and Fairbanks Billing Services, LLC. In certain situations, I may also disclose client information to another provider or health plan for their healthcare operations. For example, I may use and disclose your PHI if I attempt to obtain an authorization from you but are unable to do so due to substantial communication barriers (being unconscious, language barrier, etc.) that I cannot overcome and I determine, using professional judgment, that you intend to provide authorization to share information.

Payment: Your PHI will be used, as needed, to obtain payment for the services that are provided. This may include verifying insurance and coverage as well as processing claims and collecting fees. I may share all insurance/payment information with Fairbanks Billing Services, LLC to assist in processing for billing. If it becomes necessary to use collection processes due to lack of payment for services, Fairbanks Billing Services, LLC or I will disclose the minimum amount of PHI necessary for purposes of collection.

Healthcare Operations: I may use/disclose, as needed, your PHI for:

- The review of treatment procedures
- Review of business activities (i.e. through licensing audits, IRS)
- Certification
- Compliance and licensing activities
- Business management and general administrative activities (e.g., typing services).

Other Uses and Disclosures Without Your Consent:

- Mandated reporting of abuse, neglect or domestic violence as well imminent threat to health or safety
- Emergencies, medical or psychological
- Criminal damage
- Appointment scheduling

- To inform you of potential treatment alternatives or options
- As required by law.

Your Rights Regarding Protected Health Information:

The following is a statement of your rights with respect to your PHI.

You have the right to request where I contact you

- The last page of this document asks for your contact preference.

You have a right to request a release of your PHI

- Written authorization from you will be needed to release records to others, such as to your family doctor.
- If at any time you no longer want information released, you have the right to revoke the release in writing. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that I have already undertaken an action in reliance upon your authorization.

You have a right to inspect and copy your PHI

- You have a right to inspect and copy records.
- I may deny this request to the extent permitted by law if, in my professional judgment, you, your child (if your child is the client), or someone else will be harmed, if you inspect or receive copies of those records.
- There will be no charge for copying, mailing, etc, for the first copy. Any copies to the same person/company thereafter may have a charge.

You have a right to add information or amend your PHI

- If you believe that health and service information I have about you is incorrect or incomplete, you may ask me to amend the information. The amendment request must be in writing. You have the right to request an amendment for as long as I keep the information.
- I will have 5 working days to decide on the amendment request.
- I may deny your request if you ask me to amend information that:
 - Was not created by me.
 - Is not part of the health and service information kept by me, but for example, information obtained from another professional through an authorized release.
 - Is accurate and complete.
- If denied, you have a right to file a disagreement statement.
- This disagreement statement with my response will be filed in the record.

You have a right to Accounting of Disclosures

- You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for which you have consent (i.e., for treatment, payment, operations, to you or your family) as described in this Notice of Privacy Practices. By law it excludes disclosures we may have made to you, to family members or friends involved in your care. You have a right to receive specific information regarding these disclosures that occurred after September 1, 2006. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

You have a right to Request Restrictions on Uses and Disclosures of Your Healthcare Information

- You have a right to request restrictions on uses and disclosures of your health care information. This request must be in writing. I am not obligated to agree with the request.

You have a right to Complain

- If you think I may have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you are encouraged to contact me about your concerns. If your concerns have not been resolved you may file a complaint in writing with me or with the Secretary of Health and Human Services at 200 Independence Avenue, SW Washington, D.C. 20201 or by calling (202) 629-0257. **I will not retaliate against you for filing a complaint.**

You have a right to Receive Changes in Policy

- You may request in writing future changes to this policy.

September 1, 2006

**Notice of Privacy Practices and Clients Rights
Receipt and Acknowledgement of Notice**

Client Name: _____
DOB: _____
SSN: _____
Referred By: _____

Contact Preference:

-Home yes or no _____

-Work yes or no _____

-Cell Phone yes or no _____

-Email yes or no _____

-If not, how may I contact you _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Jennifer Danhauser's Notice of Privacy Practices and Clients' Rights. I understand that if I have any questions regarding the notice of privacy rights, I can contact Jennifer Danhauser, LPC at 978-4978.

Signature of Client _____ Date _____

Signature of Parent, Guardian or Personal Representative _____ Date _____

(If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual).

____ Client Refuses to Acknowledge Receipt:

Jennifer Danhauser, LPC _____ Date _____