



KATIE SAHLER DRAKE
MARRIAGE & FAMILY THERAPY

HIPAA Notice of Privacy Policies

THIS NOTICE DESCRIBES HOW TREATMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IT IS MY LEGAL DUTY TO SAFEGUARD YOUR “PROTECTED HEALTH INFORMATION” (“PHI”)

By law I am required to ensure that your PHI is kept private, that you receive notice of my legal duties and these privacy practices with respect to your PHI, and that you are notified should a breach of your unsecured PHI occur. PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health (including mental health) or condition, the provision of health care services provided to you, and the payment for such health care services.

I am required to provide you with this Notice about our privacy procedures. This Notice explains how I will use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze your protected health information within my practice. Also, PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside our practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice. Please note that I reserve the right to change the terms of this Notice and privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Should I make any significant changes to policies, I will immediately change this Notice and make available the updated copy and provide the same to you through e-mail. You may also request a copy of this Notice from me at any time.

HOW I WILL USE AND DISCLOSE YOUR PHI

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

Uses and Disclosures Related to Treatment, Payment, or Health Care Operations that Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

- For treatment. I can use your PHI within my practice to provide you with mental health treatment.
- For health care operations. I may disclose your PHI to facilitate the efficient and correct operation of our practice. Example: I may provide your PHI to our attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.
- To obtain payment for treatment. I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies or collection companies.

- Other disclosures. Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.

Certain Other Uses and Disclosures that Do Not Require Your Consent. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

- 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.
- 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.
- If disclosure is mandated by the Mississippi Child Abuse and Neglect Reporting law. For example, if I have a reasonable suspicion of child abuse or neglect.
- If disclosure is mandated by the Mississippi Elder/Dependent Adult Abuse Reporting law. For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.
- 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 (e.g., adverse reaction to meds).
- When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: I may make a disclosure to the appropriate officials when a law requires me to report information to judicial court officials, government agencies, law enforcement personnel and/or in an administrative proceeding, or if disclosure is required by a lawful search warrant.
- For health oversight activities. Example: I 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.
- For specific government functions. Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
- For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
- Appointment reminders and health-related benefits or services. Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.
- For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.
- If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- If disclosure is otherwise specifically required by law. Example: If compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations, or compelled to comply with a lawful subpoena.

Other Uses and Disclosures of your PHI Require Your Prior Written Authorization. In any other situation not described above, I will request and must obtain 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 of your PHI by me.

Psychotherapy Notes. Psychotherapy notes means those notes which are recorded by Katie Drake documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of your medical records. Such notes may not

be disclosed without your authorization except in the following instances: 1) for use by Katie Drake in treatment; 2) use or disclosure for training programs of Katie Sahler Drake LPC, LLC under supervision to improve skills in counseling; 3) to defend Katie Drake or Katie Sahler Drake LPC, LLC in a legal action brought by you; and 4) as required by law.

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

These are your rights with respect to your PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I 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 I am legally required or permitted to make.

The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that we correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain 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 my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. (We are not obligated to delete any information, only add corrections or additions.) Additionally, we will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

The Right to Get a List of the Disclosures I Have Made. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we give you will include disclosures made in the previous six years (if applicable) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case we will charge you a reasonable sum based on a set fee for each additional request.

The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of our receiving your written request. Under certain circumstances, I may decide that I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you not more than \$.50 per page. I 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.

The Right to Choose How I Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

The Right to Get This Notice by Email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a written complaint with the person listed in Section VI below by mailing the complaint to Katie Sahler Drake LPC, LLC at 206 West Jackson Street, Suite 100, Ridgeland, MS 39157. You may also send a written complaint to the Secretary of the Department of Health and Human Services at:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 2020

I no instance will take retaliatory action against you for filing of a complaint concerning Katie Sahler Drake LPC, LLC privacy practices or a breach thereof.

PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE

If you have any further questions about this notice and my privacy practices, please contact Katie Sahler Drake LPC, LLC, at 206 West Jackson Street, Suite 100, Ridgeland, Mississippi 39157, telephone number 769-300-1076.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on November 2, 2018.