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EFFECTIVE DATE OF THIS NOTICE This notice went into effect on December 20, 2022.

## NOTICE OF PRIVACY PRACTICES

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

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

I may use or disclose your protected health information (PHI), for treatment, payment, and healthcare operation purposes with your consent, which is provided at the start of treatment. Here are definitions of these terms:

- “PHI” refers to information in your health record that could identify you.
- “Treatment” is when I provide, coordinate, or manage your health care and related services. This includes consultation about you with other health care providers (for example, your primary care physician, psychiatrist, or another mental health provider).
- “Payment” refers to activities related to obtaining reimbursement for your health care services. Examples of these activities may include disclosing your PHI to your health insurance plan for determinations for eligibility or coverage, billing, payment, claims management, collection activities, records reviews, and utilization reviews.
- “Health Care Operations” are activities that relate to the performance and operation of my practice. Examples of health care operations are the use of an electronic records management system, quality assessment and improvement activities, business-related matters such as audits and administrative services, case management, care coordination, appointment reminders, and to contact you as necessary. To run as a practice, I must disclose PHI to “business associates” with whom I have a Business Associate Agreement, under which they have agreed to appropriately safeguard the information. A “business associate” is an organization or person outside of my practice to whom I disclose PHI so that they can provide business services to me or on my behalf (examples may include: accountant, lawyer, biller, administrative staff, electronic health record company).
- “Use” applies only to activities within my practice, such as sharing, employing, applying, utilizing, examining, and analyzing PHI.

- “Disclosure” applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

#### Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained.

- An “authorization” is written permission above and beyond the general consent. It permits only specific disclosures. In those instances, when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already acted on the authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

#### Uses and Disclosures Requiring Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in certain situations as required by state and federal laws, including but not limited to, the following:

**Child Abuse:** If I have a reason to suspect that a child is being or has been abused or neglected, I am required by law to report this to the Division of Child and Family Services.

**Health Oversight:** If the Department of Public Health is conducting an investigation, then I am required to disclose your mental health records upon receipt of a subpoena from the department. I am also required by state law to report information when another healthcare provider is, or may be, unable to practice his or her profession with reasonable skill or safety.

**Judicial or Administrative Proceedings:** I may be required to share health information about you if a court or administrative order is received, or in response to a subpoena. If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I may not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered; you will be informed in advance if this is the case.

**Serious Threat to Health or Safety:** If you communicate to me a serious threat of physical violence toward yourself or others, I am required by law to take reasonable precautions to protect you and/or potential victim(s) from physical harm. Such actions may include notifying the

police, warning potential victim(s), arranging for your hospitalization, or obtaining your civil commitment to the state mental health system.

Worker's Compensation: If you file a worker's compensation claim, I may be required by law to disclose PHI to your employer or other involved parties.

When allowed under Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

### Patient's Rights and Provider's Duties

#### Patient's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for services provided by me.
- **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 at alternative locations (For example, you may not want a family member to know that you are seeking mental health services. Upon your request, I will send your bills to another address).
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in mental health and/or billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, I will discuss with you the details of the request 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. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I 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.
- Right to Be Notified if There is a Breach of Your Unsecured PHI: You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) a risk assessment carried out by me fails to determine that there is a low probability that your PHI has been compromised.

#### Provider Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I will inform you promptly if a breach occurs that creates a high probability that the privacy and security of your PHI may have been compromised.
- I will follow the duties and privacy practices described in this notice and provide you with a paper copy upon request. If there are changes to the terms of this Notice, the revised Notice will be available upon request.
- I will obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

#### Questions and Complaints

Emmogene Chepely, LPC is the designated Security Officer and Privacy Officer of this practice. If you have questions about this Notice, disagree with a decision that is made about access to your records, or have other concerns about your privacy rights, please let her know. If you are concerned that I have violated your privacy rights, or you disagree with a decision I have made about access to your records, you may also submit a written complaint to the Missouri Board of Professional Registration, 3605 MO Blvd., Jefferson City, MO 65109. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

#### Effective Date and Changes to the Terms of this Notice

This Notice will go into effect on December 20, 2022. I reserve the right to change the terms of this notice, and the changes will apply to all information we have about you. The new Notice will be available upon request.