

HIPPA Compliance Notice of Privacy Practices

This notices describes how medical information about you may be used and disclosed, and how you can get access to this information. This information will include Protected Health Information (PHI), as that term is defined in privacy regulations issued by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and federal and state law. Please review it carefully.

Karlynn Fulmer, LPCC and Karlynn Fulmer Therapy, LLC respect your privacy. It is understood that your personal health information is very sensitive. Your information is not disclosed to others unless you request this or the law authorizes it.

The law protects the privacy of the health information created and obtained during her participation in services. For example, your protected health information includes your symptoms, test results, diagnosis, treatment, health information from other providers, and billing / payment information relating to services. Federal and state law allows Karlynn Fulmer Therapy, LLC and Karlynn Fulmer, LPCC to use and disclose your protected health information for purposes of treatment and health care operations. State law mandates that your authorization be acquired to disclose this information for payment purposes.

Protected Health Information

Protected health information means individually identifiable health information that is transmitted by electronic media, maintained in any medium described in the definition of electronic media, or transmitted or maintained in any other form or medium.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Options

For Treatment:

- ☐ Information obtained by a nurse, physician, clinical psychologist, MSW, therapist, or other (member of a health care team will be recorded in your medical record and used to help decide (what care may be right for you.
- ☐ It may also be decided that your information is important for other companies or facilities that (are providing you health services. This will help them stay informed about your care and will (facilitate treatment.
- ☐ You information may be shared during consultation with individuals in a supervisory role or (on a consultation team to ensure quality services is provided. (For Payment:
- ☐ Written patient / client permission is required to use or disclose PHI for payment purposes, (including to your health insurance plan. You may be asked to sign another form Assignment of Benefits or similar form for this purpose. Health plans need information from treatment providers about your medical care. Information provided to health plans may include your diagnosis, procedures performed, or recommendations made. (For Health Care Operations:

- ☐ Your medical records may be used to assess quality and improves services.
- ☐ You may be contacted and reminded about appointments or given information about (treatment alternatives or other health-related benefits and services.
- ☐ You information also may be used to conduct or arrange for services, including, but not (limited to:

Medical quality review by your health plan

Accounting, legal, risk management, and insurance services

Audit functions, including fraud and abuse detection and compliance programs

Your Health Information Rights

The health and billing records created and stored are the property of Karlyhnn Fulmer Therapy, LLC and Karlynn Fulmer LPCC. The protected health information in it, however, belongs to you. You have the right to:

- ☐ Receive, read, and ask question about this Notice
- ☐ Ask that certain uses and disclosures be restricted. This request must be in writing and may or(may not be granted. Any request granted will be complied with.
- ☐ Request and receive a paper copy of the most current Notice of Privacy Practices for Protected (Health Information ("Notice").
- ☐ Request that you be allowed to see and get a copy of your protected health information. You (may make this request in writing.
- ☐ Cancel prior authorization to use or disclose health information by giving a written revocation. (Your revocation does not affect information that has already been released. It also does not affect any action taken before it was received. There may be times that your authorization cannot be cancelled if is purpose was to obtain insurance information. (**Therapy Notes** ("Therapy notes" are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical recorded. These notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. An authorization to use or disclose therapy notes is required except if used by the originator of the notes for treatment, to a person or persons reasonably able to prevent or lessen the threat (including the target of a threat), if the originator believes in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, if the notes are to be use din the course of training students, trainees or practitioners in mental heal; to

defend a legal action or any other legal proceeding brought forth by the client; when used by a medical examiner or coroner; for health oversight activities of the originator; or when required by law. (

Responsibilities of Karlynn Fulmer Therapy, LLC and Karlynn Fulmer, LPCC

- ☐ Keep your protected health information private
- ☐ Give you this Notice
- ☐ Follow the terms of this Notice (It is the right of the business or Karlynn Fulmer, LPCC to change practices regarding the protected health information maintained. If changes are made, this Notice will be updated. A recent copy of this notice is available upon request. (

To Ask for Help or With Questions

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact Karlynn Fulmer, LPCC. If you believe your privacy rights have been violated, you may discuss your concerns with her or send a written complaint to the Department of Regulatory Agencies, Division of Registrations, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766. You may also file a complaint with the U.S. Secretary of Health and Human Services. Your right to file a complaint is respected and you will not face retaliation or be penalized for expressing your concerns.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

Unless you object, your health information may be released to a friend or family member who is involved in your medical care. Your information may also be given to someone who helps pay for your care. Your family or friends may be informed of your condition if you enter the hospital. Your health information may also be released to assist in disaster relief efforts.

You have the right to object to this use of your information. If you object, it will not be used or disclosed.

Your Protected Health Information May Be Used Without Your Authorization As Follows:

- ☐ **With Medical Researchers** – If the research has been approved and has policies to protect the privacy of your health information. It may also be shared with medical researchers preparing to conduct a research project.
- ☐ **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- ☐ **To Comply with Worker's Compensation Laws** if you make a workers' compensation claim.

☐ **For Public Health and Safety Purposes as Allowed or Required By Law:**

To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.

To public health / legal authorities.

To protect public health and safety.

To prevent or control disease, injury, or disability.

To report vital statistics such as births or deaths.

☐ **To Report Suspected Abuse / Neglect** to public authorities.

☐ **To Correctional Institutions** if you are in jail or prison, as necessary for your health, as well as (the health and safety of others.

☐ **For Law Enforcement Purposes** such as when a subpoena or court order is received or other (legal processes occur, such as you being a victim of a crime.

☐ **For Health and Safety Oversight Activities.** For example, you health information may be (shared with the Department of Health.

☐ **For Disaster Relief Purposes.** For example, your health information may be shared with (disaster relief agencies to assist in notification of your condition to family or others.

☐ **For Work-Related Conditions That Could Affect Employee Health.** For example, an (employer may request that your health risks on the job site be assessed.

☐ **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law (may require that your information be provided for purposes of a military mission.

☐ **In the Course of Judicial / Administrative Proceedings** at your request, or as directed by a (subpoena or court order.

☐ **For Specialized Government Functions.** For example, your information may be shared for (national security purposes.

☐ **To Coroners, Medical Examiners and / or Funeral Directors.** Your PHI may be disclosed to a (coroner or medical examiner to identify a deceased person and / or determine the cause of death. In addition, your PHI may be disclosed to funeral directors, as authorized by law, so that they may carry out their jobs.

☐ **Organ and Tissue Donations.** If you are an organ donor, your PHI may be used or disclosed to organizations that help procure, locate and transplant organs in order to facilitate an organ, eye or tissue donation and transplantation.

☐ **Limited Data Set Disclosures.** Your PHI may be used or disclosed after removing certain identifying information for purposes of research, public health, or health care

operation purposes. The person receiving the information would be required to sign an agreement to protect the information. (**Special Authorizations** (Certain federal and state laws that provide special protections for specific kinds of personal health information request that specific authorizations be signed in order to use or disclose information. When

your personal health information falls under these special protections, you will be asked to provide the appropriate authorizations to comply with federal and state laws such as:

- ☐ Uniform Health Care Information Act
- ☐ Sexually Transmitted Diseases
- ☐ Drug and Alcohol Abuse Treatment Records
- ☐ Mental Health Services for Minors
- ☐ Communicable and Certain Other Diseases Confidentiality
- ☐ Confidentiality of Alcohol and Drug Abuse Patients (If your health information is needed for any other reason that has not been described in this Notice, you will be asked for your written authorization before using or disclosing any identifiable health information about you. More importantly, if you choose to sign an authorization to disclose information, you can revoke that authorization at a later time to stop any future use or disclosure. (**Other Uses and Disclosures of Protected Health Information**

· Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

By signing I acknowledge the HIPPA Compliance Notice of Privacy Practices has been reviewed and made available to me.

Client Signature/Responsible Party Signature

Date

If signed by the Responsible Party, please state relationship to client and authority to consent:

Counselor Signature

Date

