

# Notice of Privacy Practices

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**Kellie L. Miller, LCSW, CCTP**

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## NOTICE OF PRIVACY PRACTICES

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

### I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

Make sure that protected health information ("PHI") that identifies you is kept private.

Give you this notice of my legal duties and privacy practices with respect to health information.

Notify affected individuals if there should be a breach of unsecured health information by me.

Follow the terms of the notice that is currently in effect.

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website. At any time, you may obtain a copy of the notice of privacy practices currently in effect by requesting a copy in writing at the address specified above.

### II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

I may use your health care information for purposes of treatment, payment and health care operations. For example:

Your information may be used to assess your needs and develop an individualized service plan or to coordinate a referral to another health care provider.

Portions of your information may be submitted to a state agency, insurance carrier or other third-party payer to secure payment for services provided to you, unless you have arranged personally to pay in full all charges for services provided to you.

I may use your health care information to contact you to remind you of an appointment or to provide information about treatment alternatives or other health services.

I may disclose your health care information to another person or entity performing services on Kellie L. Miller's behalf which relate to treatment, payment or health care operations and which require access to your information. That person or entity will have access to your information only to perform those services and must agree in writing to maintain the confidentiality of your information.

I may disclose your health care information without your authorization as permitted or required by applicable law, including any of the following: to comply with public health statutes and rules; to make any required reports of abuse or neglect; to comply with health care oversight activities of a government agency (such as licensing); to comply with a court order, search warrant or other lawful process; to allow approved research projects to be conducted; to provide information to a medical examiner in the event of your death; to avert a serious threat to your or anyone else's health or safety; or to provide information for workers' compensation purposes.

Except as described above, I will not use or disclose your health care information without your written authorization. Your written authorization will in any event be required for any use or disclosure of psychotherapy notes and for any use or disclosure of health care information which is for marketing purposes or which involves sale of your health care information. You may revoke any authorization at any time, in writing or verbally. Revocation will not, however, be effective with regard to actions already taken in reliance on your authorization.

#### Your privacy rights

You may request restrictions on the use or disclosure of your health care information, but Kellie L. Miller, LCSW is not required to agree to any requested restriction. It is Kellie L. Miller, LCSW's policy not to agree to such a restriction unless it is determined, in her sole discretion, that there is compelling need for the restriction and the restriction can feasibly be implemented. I will, however, agree not to disclose your health care information to a health plan in order to obtain payment for services provided to you if payment has been received in full for the services from you or someone acting on your behalf.

You may request that communications to you be given in a way which will help keep them confidential, for example, by using a particular address or telephone number to contact you. I will comply with such a request if it is reasonable and feasible.

To request restrictions or a confidential manner of communicating, you should submit a written request to Kellie L. Miller, LCSW, CCTP

You have the right:

to receive an accounting of any disclosures of your health care information apart from ones which you authorized or which were made for treatment, payment or health care operations; to inspect and copy your health care information; to amend your health care information; and to receive a paper copy of this Notice of Privacy Practices.

To exercise any of the above rights, please submit your request in writing to Kellie Miller, LCSW at the address above.

If you believe your privacy rights have been violated, you may complain to the Secretary of the U.S. Department of Health and Human Services. Nobody is permitted to retaliate against you for filing a complaint.

## **IMPORTANT NOTICE OF FEDERAL RIGHTS CONCERNING ALCOHOL OR DRUG ABUSE TREATMENT RECORDS**

Any information which is contained in client records maintained by Kellie L. Miller, LCSW and which Kellie L. Miller, LCSW obtains for the purpose of or uses in connection with treatment, diagnosis or referral with respect to abuse of alcohol or drugs is protected by Federal law and regulations. Generally, I may not say to a person outside of her individual treatment that a client has requested, is receiving or has received such services and may not disclose any such protected information (including protected information that identifies a client as an alcohol or drug abuser), Unless:

- (1) The client consents in writing
  
- (2) The disclosure is allowed by a court order or
  
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a covered program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about

a crime committed by a client either on Kellie L. Miller, LCSW's premises or against any person who works for her or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42CFR part 2 for Federal regulations.)

### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

Psychotherapy Notes.

I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For my use in treating you.
  
- b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  
- c. For my use in defending myself in legal proceedings instituted by you.
  
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
  
- e. Required by law and the use or disclosure is limited to the requirements of such law.
  
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  
- g. Required by a coroner who is performing duties authorized by law.
  
- h. Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

## **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION**

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

For health oversight activities, including audits and investigations.

For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.

For law enforcement purposes, including reporting crimes occurring on my premises.

To coroners or medical examiners, when such individuals are performing duties authorized by law.

For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

## **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.**

Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

## **VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

The Right to Request Limits on Uses and Disclosures of Your PHI.

You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.

The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have had an opportunity to read, ask questions about, and received a copy of HIPAA Notice of Privacy Practices.

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