



Wilson Counseling

LIFE CAN BE GOOD

NOTICE OF PRIVACY PRACTICES

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

- I. Uses and Disclosures for Treatment, Payment and Health Care Operations: Your treatment provider may use or disclose your Protected Health Information (PHI) for treatment, payment and health care operations purposes. To help clarify these terms, here are some definitions:
- PHI: Refers to information in your health record that could identify you.
 - Treatment: Refers to the service provided, coordinated or managed health care, and other services related to your health care.
 - Payment: Refers to when your provider obtains reimbursement for your healthcare.
 - Health Care Operations: Refers to activities that relate to the performance and operations of the practice.
 - Use: Refers to activities only within the practice group such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
 - Disclosure: Refers to activities outside of the practice group such as releasing, transferring or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization: Your treatment provider may use or disclose PHI for purposes outside of treatment, payment or health care options when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. When your treatment provider is asked for information for purposes outside of treatment, payment or health care options, an authorization will be obtained from you before releasing this information. An authorization will also be needed before your psychotherapy notes are released. "Psychotherapy notes" are notes that your therapist may have made about conversations during a private, group, joint or family counseling session and that have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorization of PHI or psychotherapy notes at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your therapist has relied on that 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 with Neither Consent nor Authorization: Your therapist may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse: If your therapist has reasonable cause to believe that a dependent child is neglected or abused, he or she must report this belief to the appropriate authorities, which may include the Kentucky Cabinet for Health and Family Services or its designated representative; the Commonwealth Attorney or the County Attorney; or local law enforcement agency or the Kentucky State Police.
- Adult & Domestic Abuse: If your therapist has reasonable cause to believe that an adult has suffered abuse, neglect or exploitation, he or she must report this to the Cabinet for Health and Family Services.
- Health Oversight Activities: The Kentucky Social Work Board may subpoena records that are relevant to its disciplinary proceeding and investigations from your therapist.

Voice 270-904-1074

Fax 270-904-1073

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Bowling Green, KY 42104

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www.wilsoncounselingllc.com



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- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and records thereof, such information is privileged under state law and will not be released without the written authorization of you or your personal or legally appointed representative 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 Harm Self:** If you communicate to your therapist a threat to harm yourself, he or she may seek hospitalization for you or contact family members who can help provide protection.
- **Serious Threat to Health or Safety:** If you communicate to your therapist an actual threat of physical violence against a clearly identified or reasonably identifiable victim or an actual threat of some specific violent act, he or she has a duty to notify the victim and law enforcement authorities.
- **Workers' Compensation:** If you file a Workers' Comp claim, you waive the psychotherapist-patient privilege and consent to disclose your health information reasonably related to your injury or disease to your employer, Workers' Comp insurer, special fund, uninsured employers' fund or administrative law judge.

Patient's Rights and Therapist's Duties

- **Patient Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of PHI, however your therapist is not required to agree to your requested restrictions.
- **Patient Right to Receive Confidential Communications by Alternate Means and Alternate Locations.** You have the right to request and receive confidential communications of PHI by alternate means and alternate locations. For example, you may not want a family member to know you are receiving treatment and make request bills be sent to another address.
- **Patient Right to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of your PHI for as long as it is maintained in the record. Your access to PHI may be denied under certain circumstances and in some cases you may have this decision reviewed. On your request, your therapist will discuss with you the details of the request and denial process.
- **Patient Right to Amend.** You have the right to request an amendment of your PHI for as long as it is maintained in the record. Your request may be denied. On your request, your therapist will discuss with you the details of the amendment process.
- **Patient Right to an Accounting.** You generally have the right to receive an accounting of disclosures of PHI. On your request, your therapist will discuss with you the details of the accounting process.
- **Patient Right to a Paper Copy.** You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.
- **Your therapist is required by law to maintain the privacy of PHI and to provide you with a notice of his or her legal duties and privacy practices with respect to PHI.**
- **Your therapist reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, he or she is required to abide by the terms currently in effect.**
- **If these policies are reviewed, the new version will be posted in our waiting room. You will be provided with a revised notice upon request.**

Complaints: If you are concerned that your therapist or this practice has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact Kim Wilson, MSSW/LCSW, President of Wilson Counseling, LLC. You may also send a written complaint to the Secretary of the US Department of Health and Human Services. Ms. Wilson can provide you with the appropriate address upon request.

Effective Date, Restrictions and Changes to Privacy Policy: This notice went into effect July 1, 2014.

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