

Monica Hurt LMFT, PLLC

CONFIDENTIALITY GUIDELINES AND NOTICE OF PRIVACY PRACTICES IN COMPLIANCE WITH HIPAA REGULATIONS

To my patients: This notice describes regulations as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Though cumbersome to read, it has been developed to protect your rights. In order for me to comply with the law, I need for you to read and sign a copy of this notice. I will keep a copy on record. A signed copy of this notice will be provided to you upon request. Please let us know if you have any questions about this notice. I am dedicated to maintaining the privacy of your mental health information however; I may be legally required to disclose information about you under the following circumstances:

1. To public health authorities and oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your mental health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of a U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

Your rights regarding your mental health information:

1. **Communications:** You may request that I communicate with you about your mental health and related issues in a particular manner or at a certain location. For example, you may request that you be contacted at home rather than at work. I will accommodate reasonable requests. Likewise, I have set up the office in such a way to avoid clients from seeing other clients' records, or overhearing phone conversations. This is why we keep the radio on in the waiting area and restrict people from entering therapy offices without expressed consent. If you are encountered in public by me, you will only be acknowledged if you chose to acknowledge me first, unless other procedures were already agreed upon in the office. At that time, I will not disclose that there is a professional relationship if others are present.
2. You may request a restriction in the use or disclosure of your mental health information for treatment, payment or mental health care operations. Additionally, you have the right to request that we restrict disclosure of your mental health information to certain individuals involved in your care, such as family members and friends. I am not required to agree to your request, however, if I do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the mental health information that may be used to make decisions about you, including billing records, but not psychotherapy records. Please note that a request from you to file insurance requires a diagnosis code and often the submission of repeated treatment plans. The diagnosis will be shared with you and the treatment plans will be reviewed together in session.
4. You may ask to amend your mental health information if you believe it is incorrect or incomplete, and as long as the information is kept by me. To request an amendment, must be made in writing and submitted to Monica Hurt, LMFT. For further information, contact the office at 502-338-8100. You must provide me with a reason that supports your request for amendment.

5. Right to copy of this notice: You are entitled to receive a copy of this Notice of Privacy Practices. You may ask to be given a copy of this Notice at any time. To obtain a copy of this Notice, contact me at 502-338-8100.
6. Right to file a complaint: If you believe your privacy or treatment rights have been violated, you may discuss it with your PBH therapist, or file a complaint with the Kentucky Marriage & Family Therapy Board at 502-564-3296. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures: I will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law, like (a) permission to notify your referral source of your beginning treatment and initial evaluation; (b) permission to share information with your treating physician or other health care providers to ensure coordination of the highest quality of services.
8. I reserve the right to hire collection agencies or attorneys to recover fees that you owe to me, if repeated billings are ignored. In that case, only financial and contractual, not treatment information will be disclosed. This is rarely a problem.
9. All consents given by you may be revoked in writing. However, if this keeps me from having adequate information, I may not be able to continue your treatment.
10. All information pertaining to you and the treatment you receive is kept in a locked file cabinet when I am not in the office.

If you have any questions regarding this notice or mental health information privacy policies, please contact Monica Hurt.

I have read and understand the Monica Hurt LMFT, PLLC privacy statement.

Patient/Client

Date

Patient/Client's Partner (If in therapy together)

Date

Parent or Legal Guardian (If Client is under 18 years of age)

Date