

HIPPA 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.

Effective date: April 14, 2003

Kathryn H. Hedican LMHC, RPT, LLC is totally committed to maintaining clients confidentiality. I will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession.

This notice describes my policies related to the use and disclosure of your healthcare information.

Uses and disclosures of your health information for the purposes of providing services.

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes.

TREATMENT I may need to use or disclose health information about you to provide, manage or coordinate your care or related services, which could include consultants and potential referral sources.

PAYMENT Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. I may bill the person in your family who pays for your insurance.

HEALTHCARE OPERATIONS I may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

Other uses or disclosures of your information which does not require your consent There are some instances where we may be required to use and disclose information without your consent. For example, but not limited to:

- 1) Information you and/or your child or children report about physical or sexual abuse: then by Iowa State Law, we are obligated to report this to the Department of Human Services.
- 2) If you provide information that informs us that you are in danger of harming yourself or others.
- 3) Information to remind you of /or to reschedule appointments or treatment alternatives.
- 4) Information shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as a subpoena or court order.

CLIENT RIGHTS

Right to request how we contact you

It is our normal practice to communicate with you at your home address and daytime phone number you gave us when you scheduled your appointment, about health matters, such as appointment reminders, etc. Sometimes we may leave messages on your voicemail. You have the right to request that our office communicate with you in a different way.

Acknowledgement of Notice of Privacy Practices
Kathryn H. Hedican LMHC, RPT

I hereby acknowledge that I was given opportunity to read and receive a copy of Privacy Practices for Kathryn H. Hedican LMHC, RPT.

Signature

Date