

Notice of Privacy Practices for Emilie Steinnagel, LCSW

This notice describes your privacy rights and how your medical information may be used or disclosed as well as how you can obtain access to this information. You may know this form as the HIPAA Notice of Privacy Practices, which became effective April 14, 2003.

I. Confidentiality

I, Emilie Steinnagel, LCSW, and all personnel employed within my practice are fully committed to maintaining your confidentiality. As a rule, I will not disclose information about you, or the fact that you are my patient, without your written consent via a Release of Information. Healthcare providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. I will only release information about you in accordance with state and federal laws and the ethical code of my profession.

II. Limits of Confidentiality

I will keep your information private and confidential except as required in the case of these exceptions:

- **Insurance Providers:** Insurance companies and other third-party payers are given information that they request regarding services to clients. The type of information requested may include: type of services, dates/times of service, diagnoses, treatment plans, descriptions of impairment, progress of therapy, case notes, summaries, etc. When you sign the Client Service Agreement, you consent to releasing information to your insurance company to allow for payment of services. If you do not want information shared with your insurance company, we can discuss a private pay arrangement.
- **Duty to Warn:** If you disclose a plan to harm yourself, I will work with you to make a plan to keep you safe, but may notify your emergency contact and/or legal authorities as necessary. If you disclose a plan to harm another person, I am obligated to warn the possible victim and notify legal authorities.
- **Abuse of Children and Vulnerable Adults:** If you disclose or it is suspected that there is abuse or neglect of children or vulnerable adults (including the elderly or disabled adults), I must report this information to the appropriate state agency and/or legal authorities. This includes prenatal exposure to controlled substances that could be harmful to the pregnant person and the child.
- **Medical Emergencies:** If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe it is necessary to ensure your physical wellbeing.
- **Commission of a Crime:** If a crime is committed on our premises or against our staff, I am obligated to report this information to the appropriate authorities.
- **Judicial and/or Administrative Proceedings:** I may disclose your Protected Health Information (PHI) pursuant to a subpoena (with your written consent), court order, administrative order, or similar process. In this case, I will use all available legal measures to protect the therapeutic relationship.
- **Worker's Compensation:** If you file a claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.
- **Minors:** Parents and/or legal guardians of non-emancipated minors have the right to the client's records.

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission. [This sentence is now required under the HIPAA "Final Rule."]

III. Patient's Rights and Provider's Duties

- Right to Request Restrictions-You have the right to request restrictions on certain uses and disclosures of PHI and to request a limit on the medical information I disclose about you to someone involved in your care or the payment of your care. If you ask me to disclose information to another party, you may request that I limit the information shared. However, I am not required to agree to the restriction. You must make your restriction requests in writing, and tell me: 1) what information you want to limit; 2) whether you want to limit my use, disclosure, or both; and 3) to whom you want the limits to apply.
- Right to Inspect and Copy – In most cases, you have the right to inspect and copy your medical and billing records. To do this, submit your request in writing. If you request a copy of the information, I may charge a fee for costs of copying and/or mailing. I may deny your request to inspect and copy in some circumstances or refuse to provide you access to certain psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding.
- Right to Amend – If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing and submitted to me, including a reason that supports your request. I may deny your request if you ask me to amend information that: 1) was not created by me; I will add your request to the information record; 2) is not part of the medical information kept by me; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

Complaints: If you believe your privacy rights have been violated, you may file a complaint in writing to my office. If we are unable to resolve your complaint, you may also send a written complaint to the U.S. Department of Health and Human Services.

Patient's Acknowledgement of and receipt of Notice of Privacy Practices

I have been provided a copy of "Notice of Privacy Practices for Emilie Steinnagel, LCSW."

I have had the opportunity to discuss these policies, and I understand that I may ask questions about them at any time in the future.

By signing below, I consent to accept these policies as a condition of receiving mental health services.

Signature: _____ Date: _____

Printed Name: _____