

# ACKNOWLEDGEMENT RECEIPT NOTICE OF PRIVACY PRACTICES/HIPAA

\*\*\*\*\*You May Refuse to Sign this Acknowledgement\*\*\*\*\*

I, \_\_\_\_\_, have received a copy of this offices  
Notice of Privacy Practice

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ Communication barrier prohibited signing

\_\_\_\_\_ Emergency situation prevented us from obtaining acknowledgement

## Notice of Privacy Practices (HIPAA)

**Michael Wenger**  
**Licensed Ordained Minister**  
**Executive Director of TNT Youth Ministry**

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

### **NOTICE OF PRIVACY PRACTICES**

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and my professional ethics. Because the rules are so complicated some parts of this notice are very detailed and you probably will have to read them several times to understand them. If you have any questions I will be happy to help you.

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### **A. Introduction - To my clients**

This Notice will tell you how I handle your medical/ PHI ( Personal or Protected Health) information. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. Because the laws of this state and the laws of federal government are very complicated and I don't want to make you read a lot that may not apply to you, I have removed a few small parts. If you have any questions or want to know more about anything in this Notice, please ask me for more explanations or more details.

### **B. What I mean by your medical information**

Each time you visit me or any doctor's office, hospital, clinic, or any other of what are called "healthcare providers", information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the tests and treatment you got from me or from others, or about payment for healthcare. The information I collect from you is called, in the law, **PHI**, which stands for **Protected Health Information**. This information goes into your medical or healthcare record or file at my office. In this office this PHI is likely to include these kinds of information:

- Your history- as a child, in school and at work, marriage and personal history.
- Reasons you came for treatment-your problems, complaints, symptoms, or needs.
- Assessment/Diagnoses-diagnoses are the medical terms for your problems or symptoms.
- A treatment plan- a list of the treatments and any other services that I think will be best to help you.
- Routine progress notes- Each time you come in I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters
- Billing and insurance information
- And other records (such as Release forms, personality inventories, etc)

Again, this list is just to give you an idea. There may be other kinds of information that go into your healthcare record here. I use this information for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatment is working for you.
- When I talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- To show that you actually received the services from me which I billed to you or to your health insurance company (where applicable, as at this point I do NOT participate in third party reimbursement plans/insurance companies).
- To improve the way, I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for you can make better decisions about who, when, and why others should have this information. Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it and if you want a copy of select portions thereof, I can make one for you (but will charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing you can ask me to amend (add information to) your record although in some rare situations I don't have to agree to do that. If you want, I can explain more about this.

### **C. Privacy and the laws**

I am also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires me to keep your Personal Healthcare Information (or PHI) private and to give you this notice of my legal duties and my privacy practices, which is called the Notice of Privacy Practices (or Notice or NPP). I will obey the rules of this notice as long as it is in effect, but if I change it the rules of the new NPP will apply to all the PHI I keep. If I change the NPP I will post the new Notice in my office where everyone can see or provide an updated copy to my clients.

## **D. How your protected health information can be used and shared**

When your information is read by me or others in this office and used by me to make decisions about your care, this is called, in the law, "use." If the information is shared with or sent to others outside this office, that is called, in the law, "disclosure." Except in some special circumstances, when I use your PHI here or disclose it to others I share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed (shared), and so I will tell you more about what I do with your information. I use and disclose PHI for several reasons. Mainly, I will use and disclose it for routine purposes as explained herein. For other uses I must tell you about them and have a written Authorization from unless the law lets or requires me to make the disclosure without your authorization. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

### **1. Uses and disclosures of PHI in healthcare *with your consent***

After you have read this Notice you will be asked to sign a separate Acknowledgement form to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business functions called health care operations. Together these routine purposes are called TPO or Treatment, Payment and health care Operations), and the Acknowledgement form allows me to use and disclose your PHI for TPO. Take a minute to re-read that last sentence until it is clear because it is very important. Next, I will tell you more about TPO (Treatment/payment/operations).

#### **1a. For treatment, payment, or health care operations.**

I need information about you and your condition to provide care to you. You have to agree to let me collect the information and to use it and share it to care for you properly. Therefore, you must sign the Acknowledgement form before I begin to treat you, because if you do not agree and consent I cannot treat you. When you come to see us, I may collect information about you and all of it may go into your healthcare records here. Generally, I may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations. Let's see what these means.

**For treatment.** I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of my services.

I may share or disclose your PHI to others who provide treatment to you, such as with your personal physician. If you are being treated by a team I can share some of your PHI with them so that the services you receive will be working together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, so we all can decide what treatments work best for you and make up a Treatment Plan. I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them some things about you and your conditions. I will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

**For payment.** I will/ may use your information to bill you, your insurance (where applicable, please note that I do not currently participate in third party reimbursement plans) or others so I can be paid for the treatments I provide to you. TPO allows me to contact your insurance company (where applicable) to check on exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your condition. I will need to tell them about when we met, your progress, and other similar things. This is especially true when using managed care insurance

**For health care operations.** There are a few other ways I may use or disclose your PHI for what are called health care operations. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

#### **1b. Other uses in healthcare**

**Appointment Reminders.** I may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your

home or your work or prefer some other way to reach you, I usually can arrange that. Just tell us. There is a place to note this on my Agreement for Psychotherapy Services form.

**Treatment Alternatives.** I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

**Other Benefits and Services.** I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

**Business Associates.** There are some jobs I hire other businesses to do for me. In the law, they are called my Business Associates. Examples might include a copy service I use to make copies of your health records and a billing service that figures out, prints, and mails my bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with me to safeguard your information.

## **2. Uses and disclosures that require your *Authorization***

If I want to use your information for any purpose besides the TPO or those I described above I need your permission on an Authorization form. I don't expect to need this very often. If you do authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time, I will not use or disclose your information for the purposes that I agreed to. Of course, I cannot take back any information I had already disclosed with your permission or that I had used in my office.

## **3. Uses and disclosures of PHI from mental health records that don't *require* a Consent or Authorization**

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when I might have to share your information.

### **When required by law**

There are some federal, state, or local laws, which require me to disclose PHI.

- I have to report if I suspect you might harm yourself or someone else;
- I have to report suspected child abuse or elder abuse;
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, etc., I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- I have to disclose some information to the government agencies, which check on me to see that I am obeying the privacy laws.

Please note this list is NOT exhaustive and there may be other situations which dictate the release of your records. I will do my best to discuss these with you should they arise.

### **For law enforcement purposes**

I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

### **For specific government functions**

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.

**To prevent a serious threat to your health or safety, or that of another.** If I come to believe that there is a serious threat to your health or safety or that of another person or the public I can disclose some of your PHI. I will only do this to persons or organizations who can prevent or reduce the threat

## **4. Uses and disclosures where you to have an opportunity to object**

I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose such as close friends or clergy. I will ask you about who you want me to tell what information about your condition or treatment. You can tell me what you want and I will honor your wishes as long as it is not against the law. If it is an emergency - so I cannot ask if you disagree - I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you don't approve I will stop, as long as it is not against the law.

## **5. An accounting of disclosures**

When I disclose your PHI I may keep some records of whom I sent it to, when I sent it, and what

when I disclose your PHI, I may keep some records of when I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures.

#### **E. Your rights regarding your health information**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep my agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you such as your medical and billing records, but you must make your request in writing. I will respond within 30 days of receiving your written request. In certain situations, I may deny your request. If so, I will tell you, in writing, of the reasons for the denial and your right to have the denial reviewed. You can even get a copy of these records but I will charge you for such copies, no more than \$ 1.00 per page. Instead of providing the health information you requested, I may provide you with a summary or explanation of the information as long as you agree to that and to the cost in advance.
4. If you believe the information in your records is incorrect or missing important information, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to me. You must tell me the reasons you want to make the changes. I will respond within 60 days of receiving your request. I may deny your request if the health information is a) correct and complete, b) not create by us, c) not allowed to disclosed, or d) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your health information.
5. You have the right to a copy of this notice. If I change this NPP I will post the new version in my waiting area and you can always get a copy of the NPP from me, or from my website.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201. All complaints must be in writing. If you do file a complaint it may be best for us to discuss transferring you to another therapist to continue providing excellent service to/for you. Also, you may have other rights, which are granted to you by state laws, and these may be the same or different from the rights described above.

#### **F. If you have questions or problems**

If you need more information or have questions about the privacy practices described above please speak to me. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact me. You have the right to file a complaint with me and with the Secretary of the federal Department of Health and Human Services.

**If you have any questions regarding this Notice or my health information privacy policies, please contact me at \_\_\_\_\_.**

The effective date of this notice is May 18, 2017

#### **Privacy Officer**

Pursuant to HIPAA Regulations: Michael Wenger is hereby designated as the Privacy Officer for this practice and such individual shall be responsible for developing and implementing this entity's health care privacy policies and procedures, including, but not limited to, receiving and handling patient requests for restrictions on uses and disclosures of protected health information ("PHI"); patient requests to inspect & receive a copy of their PHI; patient requests to receive accountings of disclosures; and, patient requests to amend their PHI.

**Contact Person:** Michael Wenger is hereby designated as the Contact Person for this practice and such individual shall be responsible for receiving complaints from patients concerning possible violations of their privacy rights.

**Notice of Privacy Practices (HIPAA)**  
**Michael Wenger**  
**Licensed Ordained Minister**  
**Executive Director of TNT Youth Ministry**

**Acknowledgement of Receipt of Notice of Privacy Practices**

This form is an agreement between you, \_\_\_\_\_ and Michael Wenger. When I use the word “you” below, it will mean your child, relative, or other person if you have written his or her name here \_\_\_\_\_.

When I examine, diagnose, treat, or refer you I will be collecting what the law calls Protected Health Information (PHI) about you. I need to use this information to decide on what treatment is best for you and to provide treatment to you. I may also share this information with others who provide treatment to you or need it to arrange payment for your treatment or for other business functions. By signing this form, you are agreeing to let me use your information here and send it to others. The Notice of Privacy Practices explains in more detail your rights and describes how I can use and share your information. Please read this before you sign this Consent form. In the future I may change how I use and share your information and so may change the Notice of Privacy Practices. If I do change it, you can get a copy from me. If you are concerned about some of your information, you have the right to ask me to not use or share some of your information for treatment, payment or administrative purposes. You will have to tell me what you want in writing. Although I will try to respect your wishes, I am not required to agree to these limitations. However, if I do agree, I promise to comply with your wish. After you have signed this consent, you have the right to revoke it (by writing a letter telling me you no longer consent) and I will comply with your wishes about using or sharing your information from that time on but I may already have used or shared some of your information and cannot change that.

\_\_\_\_\_  
Signature of client or his or her personal representative      Date

\_\_\_\_\_  
Printed name of client or personal representative Relationship to the client

\_\_\_\_\_  
Description of personal representative’s authority

\_\_\_ Copy given to the client/parent/personal representative

