

Kimberly Hinrichs, LCSW, PLLC

6933 W Emerald St

Boise, ID 83704

Privacy Notice

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.

Kimberly Hinrichs, LCSW, PLLC is required to abide by the following:

- By law to maintain the privacy of protected health information, and must inform you of our privacy practices and legal duties. You have the right to obtain a paper copy of this notice upon request.
- To abide by the terms of the Notice of Privacy Practices that is most current. Kimberly Hinrichs, LCSW, PLLC reserves the right to change the terms of the Notice at any time. Any changes will be effective for all protected health information that is maintained. You may request a copy of the revised Notice at any time.

There is a designated Privacy Officer to answer your questions about privacy practices and to ensure compliance with applicable laws and regulations. The Privacy Officer also will take your complaints and can give you information about how to file a complaint.

The Privacy Officer at this time is Kimberly Hinrichs and may be contacted at 208-724-8581

Kimberly Hinrichs, LCSW, PLLC will only disclose your protected health information in order to carry out treatment, payment, and health care operations.

I may use or disclose information:

- In your record to provide treatment to you. Kimberly Hinrichs, LCSW, PLLC may disclose information in your record to help you get health care services from another provider, a hospital, etc. For example, if your counselor wanted an opinion about your condition from a specialist, Kimberly Hinrichs, LCSW, PLLC may disclose information to the specialist to obtain that consultation.
- From your record to obtain payment for the services you receive. For example, Kimberly Hinrichs, LCSW, PLLC may submit your diagnosis with a health insurance claim in order to demonstrate to the insurer that the service should be covered.
- From your record to allow "health care operations." These operations include activities like reviewing records to see how care can be improved, contacting you with information about treatment alternatives, and coordinate care with other providers.

Client/Parent or Guardian Signature _____ Date _____

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HIPAA – Notice of Privacy

The following notice is an introduction to your rights and responsibilities as a client of counseling services. This notice, in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), describes how your medical information may be used and disclosed and how you can get access to this information.

Kimberly Hinrichs, LCSW, PLLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

How I Protect Your Health Information:

- All of your health information that Kimberly Hinrichs, LCSW, PLLC collects is confidential.
- Access to your health information is restricted to only Kimberly Hinrichs, LCSW, PLLC and is not released without your authorization.
- Physical, electronic, and procedural safeguards which comply with federal and state regulations guarding your health information.
- Physical Records of client health information is maintained in a confidential, locked file system.
- The client files remain the property of Kimberly Hinrichs, LCSW, PLLC but the information belongs to you.

Voluntary Release of Health Information:

Kimberly Hinrichs, LCSW, PLLC may disclose information to outside treatment or healthcare providers with your written authorization. You may revoke such authorizations at any time provided each revocation is in writing.

Kimberly Hinrichs, LCSW, PLLC may use your information to develop accounts receivable information and with your consent, provide information to your insurance company for services provided.

The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment.

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Mandatory Disclosures With Neither Consent Nor Authorization

Kimberly Hinrichs, LCSW, PLLC may disclose your mental health information without your consent or authorization in the following circumstances:

Abuse – If your counselor has reason to believe that a minor child, elderly person, or person with a disability has been abused, abandoned, or neglected, your counselor must report this concern to the appropriate authorities.

Judicial and Administrative Proceedings as Required – If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, your counselor may be compelled to provide the information. Your counselor will not release your information without attempting to notify you or your legally appointed representative.

Injury to Self or Others – If you communicate to your counselor an explicit threat of imminent physical harm to yourself or others, Kimberly Hinrichs, LCSW, PLLC has a legal duty to take the appropriate measures, including disclosing information to the police.

USA Patriot Act of 2001 – Under certain circumstances, your counselor may disclose information for specialized government purposes, such as military, national security and intelligence, or protection of the President.

Client's Rights:

Rights to Request Restrictions - You have the right to request additional restrictions on certain uses and disclosures of protected health information. Your counselor may not be able to accept your request, but if they do, they will uphold the restriction unless it is an emergency.

Right to Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of mental health information by alternative means and at alternative locations. (For example, you may not want a family member to know you are being seen by a counselor. On your request, your counselor will send your information to another address).

Right to Inspect and Copy – You have the right to inspect or obtain a copy of your clinical records. ***A reasonable fee may be charged for copying.*** Access to your records may be limited or denied under certain circumstances, but in most cases, you have a right to request a review of that decision. On your request, Kimberly Hinrichs, LCSW, PLLC will discuss with you the details of the request and denial process.

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Right to Amend – You have the right to request in writing an amendment of your health information for as long as the mental health information records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial, which will be added to the information of the original request. If your original request is approved, Kimberly Hinrichs, LCSW, PLLC will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.

Electronic Information

Requests for client mental health information for the purpose of consultation are honored through phone and postal mail communication only.

Grievance

To file a grievance, you may contact the Idaho Licensing Bureau: 208-334-3233 or as stated above, you have the right to file a complaint with Kimberly Hinrichs, LCSW, PLLC (in writing) and with the Secretary of the U.S. Department of Health and Human Services.

Complaints

If you feel Kimberly Hinrichs, LCSW, PLLC has violated your privacy rights, you have the right to file a complaint in writing to Kimberly Hinrichs, privacy officer, kim.hinrichs@icloud.com. You will not receive any retaliation for filing a complaint. The effective date of this notice is October 24, 2016.

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**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Client Name: _____

DOB: _____ **SSN:** _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Kimberly Hinrichs, LCSW, PLLC Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer Kimberly Hinrichs at kim.hinrichs@icloud.com or phone # 208-724-8581.

Signature of Patient/Client

Date

Signature or Parent, Guardian or Personal Representative

Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt: _____