

HIPAA NOTICE OF PRIVACY PRACTICES (First Effective April 14, 2003)

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.

I have been and will always be 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 marital and family therapy profession. I am the only person in this office who has access to your medical file. I keep my records in a secure and locked place. According to federal law, I am designated as the "Privacy Officer" for my practice. I may, use and disclose health information about you in the following instances: Use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary for quality care. State and Federal laws allow me to use and disclose your health information for these purposes.

1. Treatment: I may use information about you to provide, manage and coordinate mental health treatment. For example, to coordinate care with another mental health professional that treats you, I may disclose relevant information about your diagnoses or treatment.

2. Payment: I may disclose health information about you to verify insurance and coverage and process claims and collect fees. For example, I may need to give diagnostic codes, symptom information, or progress reports to the insurance company. If I must resort to a collection agency to receive payment for my services, I may provide sufficient details to obtain payment.

3. Healthcare Operations: I may disclose health information for the review of treatment procedures, review of business activities, certification, staff training, compliance and licensing activities.

4. Vacation and Emergency Coverage: In the event of vacation or emergency, I may disclose sufficient information about you to another professional to ensure that you are notified and assisted to the extent possible.

5. Disability, Health, or Life Insurance: I may release information about your condition and your treatment if you seek financial compensation for a disability or when required by health insurance or life insurance applications. Although federal law does not require your written consent for this, it is my policy to obtain a consent for the release of this information prior to my releasing it.

6. Military, Veterans, National Security, or Intelligence: If you are or were a member of the Armed Forces or a national security or intelligence community, I may be required by military command or other government authorities to release health information about you.

7. Conjoint/Family Therapy: It is my policy that when treating a couple or family, I consider the couple or family to be the treatment unit. If there is a request for the treatment records of the couple/family, I will seek authorization of all members of the treatment unit before I release confidential information to third parties. When meeting with a part of the treatment unit for one or more sessions, these sessions are considered part of the work I am doing with the family or couple. Information in these sessions is still confidential from third parties, but not from the rest of the treatment unit. If you feel it necessary to talk about matters that you want kept secret from the rest of the treatment unit, then you may wish to consult with an individual therapist who can treat you individually. This "no secrets" policy is intended to allow

me to continue to treat the couple or family by preventing to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the treatment unit.

8. Threats to Safety: It is my policy, and I am required by law to disclose information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of anyone else. I am required by law to do so if I am concerned about suicide or homicide. I will inform you of this disclosure of information, if possible, prior to my notification of emergency personnel, family members, or other mental health professionals.

9. Child Abuse or Neglect: It is my policy, and I am required by law, to disclose information about you when I suspect or witness the abuse of a minor child or adolescent or a dependent adult to the appropriate social service agency (e.g., Child Protective Services). In arranging professional intervention, I may also disclose health information about you.

10. Other Circumstances: The law may require a disclosure from me including public health risks, legal subpoenas, court orders, warrants, summonses or similar processes. I do not disclose this information unless it is proved to me that the disclosure is legally required. It is my policy to inform you, when legal to do so, of any such actions, while you are in treatment with me.

11. Unidentifiable Personal Information: In order to maintain the highest quality of care, I may obtain consultation on general issues of your situation without using any identifiable information such as your name, age, occupation, etc. In these cases, I will disclose only such information as is necessary to obtain the consultation and will do so only for the purpose of improving my ability to provide you with good treatment.

The above list is not an exhaustive list, but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. **If Oklahoma law protects your confidentiality or privacy more than the federal "Privacy Rule" does, or if Oklahoma law gives you greater rights than the federal rule does with respect to access to your records, I will abide by Oklahoma law.** In general, uses or disclosures by me of your personal health information (without your authorization) will be limited to the minimum necessary to

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accomplish the intended purpose of the use or disclosure. Similarly, when I request your personal health information from another health care provider, health plan or health care clearinghouse, I will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above, in the section dealing with uses or disclosures for treatment purposes, the “minimum necessary” standard does not apply to disclosures to or requests by a health care provider for treatment purposes because health care providers need complete access to information in order to provide quality care.

I reserve the right to change this notice. I reserve the right to make a revised or changed notice effective for medical information I already have about you, as well as any information I receive in the future. I will give you a copy of the current notice, with the effective date, at the time I implement any changes.

Your Rights Regarding Protected Health Information

1. You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. I am not required to agree to your requested restriction. If I do agree, I will maintain a written record of the agreed upon restriction.
2. You have the right to receive confidential communications of protected health information from me by alternative means or at alternative locations.
3. You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, I am permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to my “psychotherapy notes.” The term “psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. By statute in Oklahoma, I may charge you \$.25 per page for copies plus postage cost.
4. You have the right to amend protected health information in my records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, I am permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide me with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.
5. You have the right to receive an accounting from me of the disclosures of protected health information made by me in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, I am permitted to deny the request for specified reasons. For instance, I do not have to account for disclosures made in order to carry out my own treatment, payment or health care operations. I also do not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.
6. You have the right to obtain a paper copy of this notice from me upon request.
7. You have the right to complain. If you are concerned about your privacy, please discuss your concerns with me. If you believe your privacy rights have been violated, you may file a written complaint to me by mailing it to 2619 S. Elm Place Suite C1 Broken Arrow, OK 74012. If you are not satisfied, you may complain also to the Secretary of the U.S. Dept of Health and Human Services at Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202.. You will not be penalized or discriminated against for filing a complaint.
8. You have the right to release your medical records. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information “in a specific and meaningful fashion.” You may revoke your written authorization at any time, provided that the revocation is in writing and except to the extent that I have taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for you.

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Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the notice of privacy practices of Susan Martinez, MA, LMFT. My privacy practice notice provides information about how I may use and disclose health information that I maintain about you.

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Client Printed Name	Signature (or Legal Representative)	Date

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