PRIVACY NOTICE TO CLIENTS

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. This notice is for your information. No response is required.

The Provider from whom you are receiving mental health services ("The Provider") is committed to protecting the confidentiality of your health information. This notice describes the ways in which the Provider may use and disclose your protected health information. It also describes your rights and certain obligations the Provider has regarding the use and disclosure of health information. The Provider is required by law to maintain the privacy of your health information, to give you this notice of his legal duties and privacy practices, to make a good faith effort to obtain your acknowledgment of receipt of this notice, and to follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that The Provider is permitted to use and disclose your protected health information (PHI). To the extent state law requires your consent to these disclosures, The Provider will not make the disclosure without first obtaining your consent. If state law does not require your consent, The Provider is permitted to use and disclose your PHI for these purposes without consent or authorization.

For Treatment: The Provider may use and disclose your PHI for treatment purposes. For example, The Provider will obtain information from you related to your treatment and will record such information in your medical record. The Provider may also disclose your PHI to other health care providers who request it in connection with their treatment of you. An example of a disclosure for treatment purposes is a consultation between The Provider and a specialist regarding your condition.

For Payment: The Provider may use and disclose PHI so that the treatment and services you receive at his offices may be billed to, and payment may be collected from you, an insurance company or another third party. Examples of such uses and disclosures include, but are not limited to, providing your health plan information about services you received so that it will pay The Provider or reimburse you for the same, notifying your health plan about treatment you are scheduled to receive in order to obtain prior approval for such treatment or to determine whether the plan will cover such treatment, and providing information to third party payers so that they may review the treatment provided to ensure that appropriate care was rendered. We may also disclose your PHI to other health care providers, health care clearing houses and health plans to assist them in their billing and collection efforts.

For Health Care Operations: In order to operate an efficient office and ensure that all patients receive quality care, The Provider may use and disclose PHI for various operational purposes. For example, your PHI may be disclosed to members of the medical staff, risk or quality improvement personnel and others to evaluate the performance of staff in caring for you, or to assess the quality of care and outcomes in your case and similar cases, and how to improve facilities and services. The Provider may also disclose your PHI to other health care providers, health care clearing houses and health plans with which you have had a relationship to assist them with certain of their health care operations activities.

To Others Involved in Your Healthcare: The Provider has policies and procedures that provide for the release of information about your care or payment for such care to a member of your family, a relative, a close friend or another person involved in your care or payment for your care when you are not present or able to give authorization for the release of information. If you are present for such a disclosure, (whether in person or on a telephone call), The Provider will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it.

As Required by Law: The Provider may use or disclose your PHI to the extent he is required to do so by federal, state, or local law. For example, The Provider may disclose PHI about you for the following purposes: (i) for judicial and administrative proceedings pursuant to legal authority, (ii) to report information related to victims of abuse, neglect of domestic violence; and (iii) to assist law enforcement officials in their law enforcement duties.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Request Restrictions: You have the right to request The Provider to place restrictions on the way The Provider uses and disclose your PHI for treatment, payment or healthcare operations or as described in the section of this notice entitled "Others involved in your Healthcare." You must make your request for restrictions in writing, however. The Provider is not required to agree to these restrictions. If The Provider does agree to a requested restriction, The Provider may not use or disclose your PHI in violation of that restriction, unless it is needed for an emergency.

Confidential Communications: You have the right to ask The Provider to communicate with you about your PHI by alternative means or to alternative locations. The Provider must accommodate a reasonable request for confidential communications.

Access to PHI: You have the right to look at or receive a copy of your PHI contained in a designated record set, with a few exceptions. You do not have the right to look at or receive a copy of any psychotherapy notes in your file. You must make your request in writing and provide the specific information The Provider needs to fulfill your request. The Provider may deny your request in certain limited circumstances and in some cases, you may have the right to have the denial reviewed by a licensed healthcare professional who was not involved with the denial of the request.

Amendment of PHI: You have the right to request The Provider to amend any PHI about you that is contained in a "designated record set" and which is incomplete or inaccurate. You must make your request for amendment in writing. If The Provider agrees that the original information was incomplete or inaccurate, The Provider will correct his records. If The Provider does not agree, you may submit a short statement of dispute, which The Provider will include in any future disclosure of your PHI or, alternatively, you may request that The Provider provide your request for amendment and the denial of such request with any future disclosures of the PHI at issue. The Provider has the right to prepare a rebuttal to any statement of dispute submitted by you.

Accounting of Certain Disclosures: You have the right to request The Provider to provide you with an accounting of certain disclosures he has made of your PHI by making a request in writing. The written request must state the time period desired for the accounting.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice, even if the notice was originally sent to you electronically. You may ask The Provider to give you a copy of this notice at any time. The Provider may change the terms of this notice at any time. The new notice will be effective for all PHI that The Provider maintains, including PHI that was created or received prior to the date of such change. The Provider will make any new Notice of Privacy Practices available at any of the The Provider's healthcare delivery sites whenever The Provider makes a material change in privacy practices described in this notice.

QUESTIONS AND COMPLAINTS

For additional information or if you have any questions regarding our privacy policy, please write to the Privacy Officer at Real Life Counseling, 1603 N. Chapel Hill St. Ste 300, Wichita, KS 67206.

If you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made about access to your PHI, you may file a complaint with the HIPAA Privacy Official at the above address. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. Send your complaint to: Medical Privacy, Complaint Division, Office of Civil Rights United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building Washington DC, 20201; or contact the Voice Hotline Number (800) 368-1019; or send the information to their internet address www.hhs.gov/ocr. The Provider will not take retaliatory actions against you if you file a complaint about The Provider's privacy practices to The Provider or with the Office for Civil Rights or any other governmental agency.

For Health and Safety: The Provider may use or disclose PHI about you if we in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of others. Any Disclosure, however, would only be made to someone reasonably able to help prevent or lessen the threat.

Correctional Institutions: The Provider may disclose your PHI about you to a correctional institution or a law enforcement official if you are in their custody provided that the disclosure is necessary for certain purposes, including the provision of your healthcare and the safety and health of others.

Workers Compensation: The Provider may use or disclose PHI about you as authorized by laws relating to workers' compensation or other similar programs.

Appointment Reminders: The Provider may use your PHI to provide appointment reminders via telephone (including leaving messages on your answering machine or through the mail (including by postcard). The Provider may also use your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Uses and Disclosures of Health Information
Other uses and disclosures of health information not covered by this notice or laws that apply to The Provider will be made only with your written authorization. You may revoke this authorization at any time in writing, except to the extent that action has already been taken in reliance on the use or disclosure permitted by the authorization. If you revoke your authorization, The Provider will no longer use or disclose health information about you for the reasons covered by your written authorization.