



NOTICE OF PRIVACY PRACTICE

Effective March 1, 2009

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The following categories describe different ways that we may use and disclose your protected health information. The following are examples in certain categories; however, not every use or disclosure in a category will be listed.

Treatment. We may use and disclose your PHI to coordinate the treatment and/or services you receive.

Payment. We may use or disclose your PHI in order to pay for the services you may receive. For example, we may contact your referring/treatment resource to certify that you received treatment and we may request details regarding your treatment to determine if benefits will cover or pay for your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs.

Health Care Operations. We may use your PHI for certain operational, administrative, accounting, and continuum of care activities. We may disclose PHI to business associates if they need to receive this information to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of health information.

In addition to the above mentioned uses of your PHI related to treatment, payment and healthcare operations, Kagey Family Counseling DBA Linda Kagey Counseling Services may also use your PHI for the following purposes:

Plan Sponsors. We may use or disclose PHI to the plan sponsor if applicable, of a group health plan.

Appointment Reminders. We may use or disclose your PHI to contact you and remind you of appointments.

Disclosures Required by Law. Kagey Family Counseling DBA Linda Kagey Counseling Services will use and disclose your PHI when we are required to do so by federal, state, or local law.

Public Health. As required by law, we may use or disclose your PHI to legal authorities charged with preventing or controlling injury or disability.

Law Enforcement. We may disclose your PHI for law enforcement purposes as required by law or in response to a subpoena or court order.

Agency Oversight Activities. We may disclose your PHI to an oversight agency as required by law. These oversight activities may include audits, investigations, inspections, and credentialing, as required for licensure and the government to monitor government programs and compliance with civil rights laws.

Lawsuits and Similar Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Notification. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

Victims of Abuse or Neglect. We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

YOUR RIGHTS

The Right to Inspect and Copy. In most cases you have the right to access and copy the PHI that we maintain about you. To inspect or copy your PHI, you must send a written request to the Privacy Office. If you request copies, we will charge you a fee for the costs of copying, mailing, labor and supplies associated with your request.

Under certain circumstances we may deny your request to inspect and copy your PHI. If you are denied access to PHI, you have a right to have that determination reviewed. A designated privacy officer chosen by Kagey Family Counseling DBA Linda Kagey Counseling Services will review your request and the denial. The persons conducting the review will not be the person who denied your request. Kagey Family Counseling DBA Linda Kagey Counseling Services promises to comply with the outcome of the review.

The Right to Amend Your PHI. If you feel that any PHI we maintain about you is incorrect or incomplete, you may request that we amend it. To request an amendment, you must send a written request to the Privacy Office. You must include a reason to support your request. In certain requests we may deny your request for amendment.



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The Right to an Accounting of Disclosures. An accounting of disclosures is a list of the disclosures we have made, if any, of your PHI. You have the right to receive an accounting of the disclosures we have made of your PHI after MARCH 1, 2009, for most purposes other than treatment,

payment, or health care operation as described in this notice. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations. It excludes disclosures made to you, or those made for notification purposes.

Your request must be made in writing to the Privacy Office and state a time period that cannot be longer than six years and cannot include any dates before March 1, 2009. Your request should indicate what form you want the list (e.g. paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

The Right to Receive Communications of PHI by Alternative Means or at Alternate locations. You have the right to request that Recovering Families Education & Counseling Center-Linda Kagey, LCDC communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We will accommodate all reasonable requests made in writing. Your request to receive PHI by alternative means or at an alternative location must clearly state that your life could be endangered by the disclosure of all or part of your PHI.

The Right to Request Restrictions. You have a right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations as described in this notice. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (like a family member or friend), or for notification purposes as described in this notice. Kagey Family Counseling DBA Linda Kagey Counseling Services is not required to agree to your request, however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations). Any request for a restriction on or use of your PHI must be made in writing. Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting Linda Kagey, LCDC's use, disclosure or both; and (c) to whom you want the limits to apply.

The Right to Provide and Authorization for Other Uses and Disclosures Kagey Family Counseling DBA Linda Kagey Counseling Services will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization, except under the following circumstances:

- We have taken action in reliance upon your authorization before we received your written revocation.

The Right to Obtain a Paper Copy of This Notice. Upon request, you have a right to a paper copy of this notice, even if you have agreed to accept this notice electronically.

How to Contact Us:

If you have any complaints or questions about this notice or you want to submit a written request to Kagey Family Counseling DBA Linda Kagey Counseling Services as required in any of the previous sections of this Notice, please contact us at the address below:

Privacy Officer
2040 North Loop West, Suite 335
Houston, Texas 77018
832-928-0211

I, _____, acknowledge the receipt of the HIPAA
Print Name
 Notice of Privacy practices of the Linda Kagey Counseling Services.

Signature

_____/_____/_____
Date