

**Kairos Christian Counseling Ministries, LLC**  
**Notice of Privacy Practices**  
**Effective 10/23/18**

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.*

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 our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed. If you have any questions, I will be happy to help you understand my procedures and your rights. My name and address are at the end of this notice.

This notice will tell you how I handle your medical 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.

Your medical record may contain personal information about your health. This information may identify you and relate to your past, present or future physical or mental health condition and related health care services and is called Protected Health Information (PHI). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. I am required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices.

**How I may use and disclose health care information about you:**

**For Care or Treatment:** Your PHI may be used and disclosed to those who are involved in your care for the purpose of providing, coordinating, or managing your services. This includes consultation with other clinicians, or people outside the counseling practice, who may be involved in your care, such as family members or others I use to provide services that are part of your care. Your authorization is required to disclose PHI to any other care provider or individual.

**Treatment Alternatives:** I may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits and Services:** I may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Appointment Reminders:** I may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services with the counseling practice.

**For Payment:** Your PHI may be used and disclosed to any parties that are involved in payment for care or treatment. If you pay for your care or treatment completely out of pocket with no use of any insurance, you may restrict the disclosure of your PHI for payment.

**Required by Law:** Under the law, I must make disclosures of your PHI available to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, if so required.

**Without Authorization: Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations.** Examples of some of the types of uses and disclosures that may be made without your authorization are those that are:

- **Required by Law:** Including mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the health department).
- **Required by Court Order:** If you are involved in a lawsuit or a dispute, I may disclose medical information about you in response to a court or administrative order. I may also disclose information about you in response to a subpoena, discovery requests or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public:** If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

#### **Uses and Disclosures That Require Your Permission:**

I am prohibited from selling your personal information, such as to a company that wants your information in order to contact you about their services, without your written permission.

I am prohibited from using or disclosing your personal information for marketing purposes, such as to promote my services, without your written permission.

All other uses and disclosures of your health information not described in this notice will be made only with your written permission. If you provide me permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, I will no longer use or disclose your health information for the purposes state in your written permission except for those that we have already made prior to your revoking that permission.

#### **Your rights regarding your PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing.

**Right to Request Restrictions:** You have the right to request that I restrict the information I use or disclose about you for purposes of treatment, payment, health care operations and informing individuals involved in your care about your care or payment for that care. I will consider all requests for restrictions carefully but are not required to agree to any requested restrictions.

**Right to Request Confidential Communications:** You have the right to request that when I need to communicate with you, I do so in a certain way or at a certain location. For example, you can request that I only contact you by mail or at a certain phone number.

**Right to Inspect and Copy:** You have the right to request access to certain health information I have about you. Fees may apply to copied information.

**Right to Amend:** You have the right to request corrections or additions to certain health information I have about you. You must provide me with your reasons for requesting the change.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of the disclosures I make of your health information, except for those made with your permission and those related to treatment, payment, our health care operations, and certain other purposes. Your request must include a

timeframe for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a twelve month period.

**Right to a Paper Copy of Notice:** You have the right to receive a paper copy of this notice.

**Changes to this Notice:**

I reserve the right to change this notice. I reserve the right to make the 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 post a copy of the current notice in the counseling office, which will include the effective date. In addition, each time you are admitted or re-admitted to the counseling practice for treatment or services, you will be offered a copy of the current notice in effect.

**Complaints:**

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 U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way. You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise. I can be reached at:

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