

HIPPA NOTICE OF PRIVACY PRACTICES

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:

By law I am required to protect the privacy of your protected health information, to provide you with notice of these legal duties and to notify you following a breach of unsecured protected health information. This Notice explains how, when and why I typically use and disclose health information and your privacy rights regarding your health information. Protected health information generally includes information that we create or receive that identifies you and your past, present or future health status or care, or the provision of or payment for that health care. I am obligated to abide by these Privacy Practice as of the effective dates listed below.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office and on my website. You may also request a copy of this Notice from me, or you can view a copy of it in my office which is located at 117 Heymann Blvd., Suite 20, Lafayette, LA 70503.

HOW I WILL USE AND DISCLOSE YOUR PHI

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

- **Treatment:** I can use your PHI within my practice to provide you with mental health treatment, provide, manage or coordinate care, consult with other professionals involved in your care (physicians, psychiatrists, psychologists, and other licensed health care providers), and referral sources.
- **Health care operations:** I may use and disclose protected health information for: Review of treatment procedures, review of business activities, certification, training, compliance and licensing activities
- **To obtain payment for treatment:** I may use and disclose your PHI to bill and collect payment by verifying insurance and coverage, process claims and collect fees.
- **Other Uses and Disclosures Without Your Consent:** Consent is not required if emergency treatment is required. I will attempt to get consent after treatment is rendered, however, if you are unable to consent due to severe pain or unconsciousness, I may disclose your PHI.

Situations that do not require your consent or authorization for use or disclosure of your PHI include the following circumstances:

- When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- When required by the Secretary of the Department of Health and Human Services in an investigation to determine my compliance with the privacy rules.
- If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
- When disclosure is required in the course of any judicial or administrative proceeding in response to: An order of a court or administrative tribunal, a subpoena, discovery request, or other lawful process, Child custody cases and other legal proceedings, court order, warrant, subpoena or summons issued by a judicial officer, a grand jury subpoena or summons, civil or authorized investigation, health oversight agency (audits, administrative investigations, inspections, licensure, disciplinary actions). Disclose PHI to parish coroner in the event of your death.
- To avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
- If you are thought to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
- If disclosure is mandated by the Louisiana Children's Code Title VI, Article 603 reporting law.
- If disclosure is mandated by the Louisiana Adult and Elderly Protective Services Laws (LA R.S. 15:1501-1511 and LA R.S. 14:403.2).
- Disclosure is permitted if you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
- I may disclose PHI of military personnel and veterans under certain situations. I may disclose PHI in the interest of national security. Also, to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and other national security activities authorized by the National Security Act and implementing authority.
- For research purposes.

- For Workers' Compensation purposes.
- Appointment reminders and health related services.
- If disclosure is otherwise specifically required by law.

Certain uses and Disclosure Required You to Have the Opportunity to Object.

- Disclosures to family, friends, or others, unless you object.

D. Other Uses and Disclosures Require Your Prior Written Authorization.

- In any other situation not described above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures.

CLIENT RIGHTS

- You have the right to see your records and obtain copies of your record. A written request from you is required. I will respond to this request within 30 days of the receiving the request. There may be situations where I may deny your request. If I deny your request, you will receive the reasons for the denial in writing. Your right to have my denial reviewed will be explained. Copies of your record will cost \$.25 per page.
- Right to request restrictions on uses and disclosures of your healthcare information Your request must be in writing and I am not obligated to agree to the restriction.
- The Right to Decide How I send Your PHI to You. You may request that your information be sent to an alternate address or by email.
- The Right to Get a List of Disclosures I Have Made. With the exception of: (those for treatment, payment, or health care operations, sent directly to your, or to your family, national security purposes, to law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003). Disclosure records will be held for six years. I will respond to your request for an accounting of disclosures within 60 days of receiving your request.
- The Right to Amend Your PHI. If you feel there is an error or if important information has been omitted. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request for the following reasons: the PHI is correct, not allowed to be disclosed,

not part of my records, or written by someone other than me. The denial will be in writing and will state the reasons for the denial. You have a right to file a written statement objecting to the denial and this will be filed in the record. If you do not file a written objection, you have the right to ask that your request and my denial be attached to future disclosures of your PHI. If your request is approved, I will make the change(s) to your PHI.

- You have the right to get this notice by email.
- You have the right to request a paper copy of it, as well.
- To be notified of a breach of your unsecured PHI.
- The right to complain to me and the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

Shantele H. LeDoux, M.Ed, LPC, NCC
117 Heymann Blvd., Suite 20
Lafayette, LA 70503
337-806-0304

- To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Toll Free Phone: 1.877.696.6775

- You may submit your complaint to me in writing setting out the alleged violation. I am prohibited by law from retaliation against you in any way for filing a complaint with me or the Department of Health and Human Services.
- If your records are maintained electronically, the right to receive a copy of your PHI in an electronic format and to direct in writing that a third party receive a copy of your PHI in an electronic format.

If you have any questions about his notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at 117 Heymann Blvd., Suite 20, Lafayette, LA 70503 or email sledouxlpc@gmail.com

I acknowledge receipt of this notice

Patient Name: _____

Date: _____

Signature: _____