

Graven and Associates, PLLC

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Graven and Associates, PLLC ("GAA" or "we") is required by law to maintain the privacy of protected health information ("PHI"), to provide individuals with notice of its legal duties and privacy practices with respect to PHI, to follow the information practices described in this notice and to notify you following a breach of your unsecured PHI.

This Notice describes how we may use or disclose your PHI for various purposes. It also describes your rights to access and control your PHI. "Protected Health Information" or "PHI" is information about you that may identify you and relates to your past, present or future mental or physical health or condition and related health services.

GAA is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling 502-690-8024, and we will set up arrangements for you to receive the updated information.

Uses and Disclosures of PHI for Payment and Health Care Operations

With your informed written consent, we may use and disclose your PHI for payment and healthcare operations activities. Following are examples of the types of uses and disclosures of your protected health care information that GAA is permitted to make with your consent. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by our office:

Payment: Your PHI will be used, as needed, to obtain payment for your psychological and related services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We may also use and disclose PHI for the payment activities of another health care entity or provider.

Healthcare Operations: We may use or disclose, as-needed, your PHI in order to support the business activities of GAA. These activities include, but are not limited to, quality assessment and improvement activities, case management and care coordination, employee review activities, training and supervision of psychological students or psychologists with temporary licensure, and conducting or arranging for other business activities such as audits and administrative services.

For example, we may disclose your PHI to psychology students or to temporarily licensed post-graduate psychologists where such persons are under the supervision of another GAA psychologist and see patients at our office and/or become involved in your care by providing assistance to your psychologist with your health care diagnosis, testing or treatment.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider at GAA. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. In addition, we may use or disclose your PHI to another entity in order for that entity to conduct specific health care operations, which include quality assessment activities and reviewing the competence of health care professionals.

We will share your PHI with third party "business associates" that perform various activities for GAA. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

**Uses and Disclosures That May Be Made
With Your Written Authorization**

We may use and disclose PHI for purposes outside of payment and healthcare operations described above when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general written consent that permits only specific office disclosures.

In those instances when we are asked for information for purposes outside of payment and healthcare operations, we will obtain an authorization from you before releasing this information. For example, GAA will obtain an authorization from you before releasing your PHI to a third party also involved in your care, such as a psychologist, other mental health provider or physician.

GAA will also obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes that a GAA provider has made about conversations during a private, group, joint or family counseling session, which the provider has kept separate from the rest of your patient record. These notes are given a greater degree of protection than other PHI and require a separate, specific authorization for their release.

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such an authorization, at any time, in writing, except to the extent that your provider or GAA has taken an action in reliance on the use or disclosure indicated in the authorization or if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures That May Be Made Unless You Object

We may also use and disclose your PHI in the following instances. In these instances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your GAA provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care or payment for care. If you are unable to agree or object to such a disclosure, we may disclose such information, as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Disaster Relief: We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Disclosures That May Be Made Without Your Authorization or
Opportunity to Object**

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws. The Kentucky Board of Examiners of Psychology may also subpoena records from GAA relevant to its disciplinary proceedings and investigations.

Child Abuse: If we have reasonable cause to believe that a child is dependent, neglected or abused, or if a child is exposed to or threatened with a risk of abuse, we must report this belief to the appropriate authorities, which may include the Kentucky Cabinet for Families and Children or its designated representative; the commonwealth's attorney or the county attorney; or local law enforcement agency or the Kentucky state police. "Dependent child" means any child, other than an abused or neglected child, who is under improper care, custody, control, or guardianship that is not due to an intentional act of the parent, guardian, or person exercising custodial control or supervision of the child.

Adult and Domestic Abuse: If we have reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, we must report this belief to the Kentucky Cabinet for Families and Children.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) requests for limited information for identification and location purposes, (3) requests pertaining to victims of a crime, and (4) alerting law enforcement officials when (a) there is suspicion that death has occurred as a result of criminal conduct, (b) in the event that a crime occurs on the GAA premises, or (c) a medical emergency exists not on the GAA premises and it is likely that a crime has occurred.

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

Threatening Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including or the provision of protective services to the President or others legally authorized.

Workers' Compensation: If you file a claim for workers' compensation, you waive the psychotherapist-patient privilege and consent to disclosure of your health information reasonably related to your injury or disease to your employer, workers' compensation insurer, special fund, uninsured employers' fund or the administrative law judge. Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your provider created or received your PHI in the course of providing care to you.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Disease: We may disclose your PHI, as authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy standards applicable to your PHI.

Required By Law: We may also use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Your Rights Regarding Your PHI

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

- ❑ **Inspect and Copy:** You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains mental health and billing records and any other records that your provider and GAA use for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions

about access to your patient record.

- ❑ **Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI. For example, you may request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. You may request a restriction by telling us what information you want restricted, to whom the restriction applies, and whether the restriction applies to disclosures, uses or both. Your provider is not required to agree to a restriction that you may request, unless you request a restriction to certain disclosures of your PHI to a health plan where you have paid for the service on your own. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your provider.
- ❑ **Receive Confidential Information by Alternative Means or at Alternative Locations:** You have the right to request to receive confidential communication from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.
- ❑ **Amend Record:** You may have the right to have your provider amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your patient record
- ❑ **Receive an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices, as well as disclosures made pursuant to your authorization. It also excludes disclosures we may have made to you, for a facility directory, or family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred within the previous six (6) years. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- ❑ **Obtain Notice of a Breach of PHI:** You have the right to or will receive notifications of breaches of your unsecured PHI. If your PHI maintained by us or our business associate has been breached, we will notify you of the situation and take actions to mitigate, to the extent practicable, any harm that might result from the breach.
- ❑ **Receive A Paper Copy:** You have the right to receive a paper copy of this Notice of Privacy Practices and may ask us to provide a paper copy to you at any time. Additionally, you may obtain a copy of this Notice of Privacy Practices at our website, www.louisvillepsychologist.com.

Making a Complaint and Privacy Contact

You may complain to us, the Secretary of Health and Human Services and/or the Kentucky Board of Examiners of Psychology if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint, and our Privacy Contact can provide additional information about the complaint process.

The contact information of our Privacy Contact is as follows: Graven and Associates, PLLC, Attn: Jacquelyn Graven, Manager, 421 Benjamin Lane, Suite 202, Louisville, KY 40222, Phone 502-690-8024.

This notice was published and effective on October 1, 2015.