



Notice of Privacy Practices (NPP)–Short Version

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.

My practice is dedicated to maintaining the privacy of your personal health information. I am required also by law to do this. These laws are complicated, but I must provide you with important information. This pamphlet is a shorter version of the full, legally required Notice of Privacy Practices (NPP).

However, I can't cover all possible situations so please talk to me about any questions or problems. I will use the information about your health which we get from you or from others mainly to provide you with treatment, to arrange payment for our services, and for some other business activities which are called, in the law, health care operations. After you have read this NPP I may ask you to sign a Consent Form to let me use and share your information. This information can be shared without your consent. If you or I want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization to allow this.

Of course I will keep your health information private but there are some times when the laws require me to use or share it such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public, including specific threats of suicide, homicide, child abuse, adult abuse, domestic violence, public health threats and national security. I will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings, certain judicial and administrative proceedings.
3. If a law enforcement official requires to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these which don't happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you

at home and not at work to schedule or cancel an appointment. I will try our best to do as you ask.

2. You have the right to ask me to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.

3. You have the right to look at the health information I have about you such as your medical and billing records. You can even get a copy of these records but I may charge you. Contact me to arrange how to see your records. Psychotherapy notes, if they are kept, are the property of the therapist. Requests for these psychotherapy notes may be granted or denied at the therapist's discretion and are not part of the mental health medical record.

4. If you believe the information in your records is incorrect or incomplete, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to your therapist. You must tell us the reasons you want to make the changes. A form is available upon request.

5. You have the right to a copy of this notice. If we change this NPP we will post it in my office waiting room and you can always get a copy of the NPP me.

6. 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 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.

If you have any questions regarding this notice or our health information privacy policies, please contact me, Lynn Motley, LCSW, who can be reached by phone at 859-258-2214 or in writing at 637 Sayre Aven, Lexington KY 40508.

The effective date of this notice is October 28, 2016

Patient/Client

Witness

Date: _____

Please initial your choices below:

_____ Accepted a copy of shortNPP form

_____ Refused a copy of Short NPP form

