

# Mindi Higgins Kessler, Ph.D.

3601 SW 29<sup>th</sup> Street ▪ Suite 116 ▪ Topeka, KS ▪ 66614

Phone ▪ 785.608.3321

## NOTICE OF PRIVACY RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING MENTAL HEALTH) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you I, Mindi Higgins Kessler, Ph.D., will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below:

### USES AND DISCLOSURES OF PROTECTED INFORMATION

**A. General Uses and Disclosures Not Requiring the Client's Consent.** I, Mindi Higgins Kessler, Ph.D., will use and disclose protected health information in the following ways:

**Treatment:** Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers. For example, I, Mindi Higgins Kessler, Ph.D. may use your information to plan your course of treatment and consult with another therapist to ensure the most appropriate methods are being used to assist you. Please note that in such consultations, I will not provide any information that could identify you (e.g. your name, where you work or go to school, etc.).

**Payment:** Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. For example, if appropriate, I, Mindi Higgins Kessler, Ph.D. will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third party payers may include information that identifies you as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment.

**Health Care Operations:** Health Care Operations refers to activities undertaken by myself, Mindi Higgins Kessler, Ph.D., that are regular functions of management and administrative activities. For example, I, Mindi Higgins Kessler, Ph.D., may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, and business planning.

**Contacting the Client:** I, Mindi Higgins Kessler, Ph.D., may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.

**Required by Law:** I, Mindi Higgins Kessler, Ph.D., will disclose protected health information when required by law. I will use or disclose the minimum information necessary to the extent that the use or disclosure is required by law. This includes, but is not limited to:

1. Reporting child abuse or neglect;
2. When court ordered to release information;
3. When there is a legal duty to warn or take action regarding imminent danger to others;
4. When the client is a danger to self or others or gravely disabled;
5. When required to report certain communicable diseases and certain injuries;
6. When a Coroner is investigating the clients death; and
7. To government regulatory and oversight agencies that oversees my practice

**Crimes:** Crimes on the premises, directed toward or observed by myself, Mindi Higgins Kessler, Ph.D. These crimes will be reported to law enforcement.

**Business Associates:** Some of the functions of my, Mindi Higgins Kessler, Ph.D., practice are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform these services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. In those situations, the business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

**Research:** I, Mindi Higgins Kessler, Ph.D., may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed (45 CFR) 164.512(i).

**Involuntary Clients:** Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, and others, as necessary to provide the care and management coordination needed.

**Family Members:** Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.

**Emergencies:** In life threatening emergencies I, Mindi Higgins Kessler, Ph.D., will disclose information necessary to avoid serious harm or death.

**B. Client Authorization or Consent.** I, Mindi Higgins Kessler, Ph.D., may not use or disclose protected health information in any other way without a signed Authorization or Release of Information. When you sign an Authorization or Release of Information, it may later be revoked, provided that the revocation is in writing. The revocation will apply except to the extent that I, Mindi Higgins Kessler, Ph.D., have already taken action in reliance thereon.

## **YOUR RIGHTS AS A CLIENT**

**Additional Restrictions:** You have the right to request additional restrictions on the use or disclosure of your health information. I, Mindi Higgins Kessler, Ph.D., not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. In order to exercise this right, ask me, Mindi Higgins Kessler, Ph.D., for the appropriate request form.

**Alternate Means of Receiving Confidential Communications:** You have the right to request that you receive communications of protected health information from myself, Mindi Higgins Kessler, Ph.D., by alternative means or at alternative locations. For example, if you do not want me, Mindi Higgins Kessler, Ph.D. to mail bills or other materials to your home, you can request that this information be sent to another address. In order to exercise this right, ask me, Mindi Higgins Kessler, Ph.D., for the appropriate request form.

**Access to Protected Health Information:** You have the right to inspect and obtain a copy of the protected health information I, Mindi Higgins Kessler, Ph.D. have regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. In order to exercise this right, ask me, Mindi Higgins Kessler, Ph.D., for the appropriate request form.

**Amendment of Your Record:** You have the right to request that I, Mindi Higgins Kessler, Ph.D., amend your protected health information. I, Mindi Higgins Kessler, Ph.D. am not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. In order to exercise this right, ask me, Mindi Higgins Kessler, Ph.D. for the appropriate request form.

**Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures I, Mindi Higgins Kessler, Ph.D., have made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In

addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you, should you request an accounting. In order to exercise this right, ask me, Mindi Higgins Kessler, Ph.D., for the appropriate request from.

**Copy of the Notice:** You have the right to obtain another copy of this Notice upon request.

**ADDITIONAL INFORMATION:**

**Privacy Law:** I, Mindi Higgins Kessler, Ph.D., am required by law to maintain the privacy of protected health information. In addition, I, Mindi Higgins Kessler, Ph.D., am required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. This is the purpose of this Notice.

**Terms of the Notice:** I, Mindi Higgins Kessler, Ph.D., am required to abide by the terms of this Notice, or any amended Notice that may follow.

**Changes to the Notice:** I, Mindi Higgins Kessler, Ph.D., reserve the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in my, Mindi Higgins Kessler, Ph.D., office service delivery sites and will be available upon request.

**Complaints Regarding Privacy Rights:** If you believe I, Mindi Higgins Kessler, Ph.D., have violated your privacy rights, you have the right to complain to me, Mindi Higgins Kessler, Ph.D. at 785-608-3321. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave., S.W. Room 515F, HHH Bldg., Washington, D.C. 20201. It is my, Mindi Higgins Kessler, Ph.D., policy that there will be no retaliation for your filing of such a complaint.

**Additional Information:** If you desire additional information about your privacy rights as a client in therapy with me, Mindi Higgins Kessler, Ph.D., please contact me at 720-482-0068.

**Effective Date:** This Notice is effective March 21, 2006.

# Mindi Higgins Kessler, Ph.D.

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

Client Name: \_\_\_\_\_ ID: \_\_\_\_\_

Client Name: \_\_\_\_\_ ID: \_\_\_\_\_

By signing below, you indicate that you have received and read these policies and agree to them.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
If not the client, please print name and state legal authority to sign for client

\_\_\_\_\_ For Office Use Only \_\_\_\_\_

The Notice of Privacy Rights was presented to the client or legal guardian today, but the client or legal guardian did not sign this acknowledgment because:

- \_\_\_\_\_ The client refused to sign
- \_\_\_\_\_ The legal guardian refused to sign
- \_\_\_\_\_ The client was incapable of signing
- \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Mindi Higgins Kessler, Ph.D.

\_\_\_\_\_  
Date