

## **John Michalka, MA, LPC, NCC, NBCCH**

1415 Elbridge Payne Rd. Suite 145  
Chesterfield, Mo. 63017  
314-439-1290  
[john.michalka@cvcstl.com](mailto:john.michalka@cvcstl.com)

### **NOTICE OF PRIVACY PRACTICES**

*Effective Date: May, 14<sup>th</sup>, 2017*

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

#### **MY PLEDGE TO PROTECT YOUR PRIVACY AND TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

I know that health information about you is personal, and I am committed to protecting the privacy of your information. By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within the practice. PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside our practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

I reserve the right to change the privacy practices and the terms of this Notice at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make important changes to the privacy practices and policies, I will change this Notice and make the new Notice available in my office or upon request.

#### **A. Uses and Disclosures for Treatment, Payment and Health Care Operations**

I and my representatives (i.e. your therapist, your therapist's supervisor, and/or other staff members) may use or disclose your protected health information (PHI), for treatment, payment, and health care operations with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations"
  - Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another therapist.

- Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to obtain reimbursement for your health care (this might include efforts to collect past due payments).
- Health Care Operations are activities that relate to the performance and operation of service. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities such as sharing, employing, applying, utilizing, analyzing information that identifies you.
- “Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

### **B. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes your therapist has made about your conversation during a private, group, joint, or family counseling session, which they have kept separate from the rest of your healthcare record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### **C. Certain Uses and Disclosures Require You to Have the Opportunity to Object**

Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

### **D. Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse - If I have reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or if I observe a child being subjected to conditions which would reasonably result in abuse or neglect, I must immediately report such information to the Missouri Division of Family Services. I must also report sexual abuse or molestation of a child under 18 years of age to Family Services. I may also report child abuse or neglect to a law enforcement agency or juvenile office.
- Adult and Domestic Abuse - If I have reasonable cause to suspect that an eligible adult (defined below) presents a likelihood of suffering physical harm or is in need of protective services, I must report such information to the Missouri Department of Social Services.
  - “Eligible Adult” means any person 60 years of age or older, or an adult with a handicap (Substantially limiting mental or physical impairment) between the ages of 18 and 59

who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs.

- Judicial and Administrative Proceedings - If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and I will not release information without written authorization from you or your personal or legally-appointed representative, or a court order.
- Serious Threat to Health or Safety - When I judge that disclosure is necessary to protect against a clear and substantial risk of foreseeably serious harm being inflicted by you on yourself or another person, I must disclose your relevant confidential information to the appropriate professional workers, public authorities, the potential victim, his or her family, or your family.
- Workers' Compensation - If you file a worker's compensation claim, I must permit your record to be copied by the Missouri Labor and Industrial Commission or the Division of Worker's Compensation of the Missouri Department of Labor and Industrial Relations, your employer, you and any other party to the proceedings.

### **E. Client's Rights and Therapist's Duties**

#### Client's Rights:

- (1) Right to Request Restrictions - you have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- (2) Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- (3) Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of PHI in mental health and billing records used to make decisions about you or as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- (4) Right to Amend - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- (5) Right to an Accounting - You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- (6) Right to a Paper Copy - You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

#### Therapist's Duties:

- (1) I am required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- (2) I reserve the right to change the privacy policies and practices described in this notice. Unless you are notified you of such changes, however, I am required to abide by the terms currently in effect.
- (3) If I revise the policies and procedures, I will provide you with a revised notice and explanation in person if you are a current client or by email if the changes will affect your PHI.

### **F. Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision made about access to your records, you may contact me at (314) 439-1290. You may also send a written complaint

to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

#### **G. Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on May 14, 2015. I will limit the uses or disclosures that we will make as follows: I will only release the minimal amount of information necessary for the purpose of the release. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained. I will provide you with a revised notice in person if you are a current client or by email if the changes will affect your PHI.

#### **H. Notification of Breaches**

The acquisition, access, use or disclosure of PHI in violation of the privacy rules is presumed to be a reportable breach unless I demonstrate that there is a low probability that the [PHI] has been compromised based on a risk assessment of at least the following factors:

- (i) The nature and extent of the [PHI] involved...;
- (ii) The unauthorized person who used the [PHI] or to whom the disclosure was made;
- (iii) Whether the [PHI] was actually acquired or viewed; and
- (iv) The extent to which the risk to the [PHI] has been mitigated.

In the case of a breach, I am required to notify each affected individual whose unsecured PHI has been compromised based on the risk assessment.

#### **I. Communication Concerning Services and Debt Collection**

I authorize this facility to communicate with me for any reason related to the provision of services, including collection of amounts owed for services, using text messaging services, an automated telephone dialing system or prerecorded voice at the telephone number(s) I provided, including a telephone number assigned by a cellular telephone service or any service for which I am charged for the call. In addition, I consent to and agree that any calls between this facility and I may be monitored and/or recorded for any purpose. If debt collection becomes necessary, I also authorize this facility, including any collection agency or debt collector hired by this facility, to check my credit and employment history, obtain a copy of my consumer report and obtain personal information from any consumer reporting agency.