

Steve Hoersting Psychological Services, PLLC
7000 Houston Road — Building 200 — Suite 21 — Florence, Kentucky 41042
Phone- 859-282-0180 Fax- 859-282-0862

Notice of Privacy Practices

Effective 12/01/2009

This notice describes how health information about you may be used and disclosed and how you get access to this information. Please review it carefully.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices and new terms of our notice effective for all health information we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available on request.

You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us.

Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other health care provider providing treatment to you with your consent.

Payment: We may use and disclose your health information to obtain payment for services provided to you with your consent.

Healthcare Operations: We may use and disclose your general health information (excluding personally identifying information) in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, and evaluating practitioner and provider performance. We may use or disclose your general health information (excluding personally identifying information) in order for us to review our services and to evaluate our staff performance. We may also use or disclose your health information to obtain a medical consultation regarding your care or treatment.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect

any other disclosures permitted by your authorization while it was in effect. We may also use or disclose your health information for any reason except those described in this notice.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you or someone in your home is a possible victim (or perpetrator) of abuse, neglect or domestic violence. We may disclose health information to appropriate authorities if we reasonably believe that you are a serious danger to yourself or others.

To Your Family and Friends: We must disclose your health information to you as described in the Patient Rights section of this Notice. If you authorize release of information, we may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare.

Persons involved in your care: We may use or disclose health information to notify or assist in notification of a family member, or your personal representative or another person responsible for your care, or your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

Required by law: We may use or disclose your health information when we are required to do so by law such as in legal response to valid judicial, administrative subpoenas or court orders.

When seeking psychological services, you have the right to expect that issues discussed during the course of individual therapy will be kept confidential. Confidentiality means that your personal/private information will not be shared with others, since psychologist/client communication is protected by law (privileged)

There are times however, when we believe that exchanging or receiving important information from others (e.g., doctors, teachers, etc.) allows us to better serve your psychological needs and provide a higher quality of care. Therefore, with your agreement, you may waive the privilege of confidentiality by providing your written permission on a Release of Information form. Once you sign a release form, you may withdraw your consent at any time. Please read the Notice of Privacy Practices guide provided to you.

Exceptions to confidentiality

There are several possible exceptions to confidentiality:

1. Danger to self and or others
 - a. If there is a reason to believe that you are a serious danger to yourself or others your therapist must take steps to reduce the risk.
2. Insurance Reimbursement:

- a. If insurance reimbursement is arranged, insurance companies reserve right to have another professional review the case.
 - b. Many insurers require periodic therapy summaries called outpatient treatment reports (OTR) before they will authorize additional treatment.
 - c. Information included on the insurance claim form is no longer considered confidential.
3. Court Orders
- a. There are cases where courts have ordered the release of otherwise privileged records, such as in certain child custody cases where judges have ruled that the well-being of the child outweighs the parent's privilege of confidentiality.
 - b. If you are involved in a criminal case, your records can be subpoenaed.

National Security: We may disclose to military authorities the health information of armed forces personnel under certain circumstances. We may disclose to authorized, federal officials' health information required for lawful intelligence, counterintelligence or other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of an inmate or patient under certain circumstances

Appointment reminders:

We may provide you with appointment reminders (such as voicemail messages, postcards or letters) unless you make a specific request to the contrary.

Patient Rights

Access: You have the right to view or obtain a copy of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. You may request that we provide copies in a format other than photocopies. We would use the format requested unless it is not practical for us to do so. We will respond to your request for access within 30 days of receiving the request. We reserve the right to charge you a reasonable cost-based fee for expenses such as photocopying and staff time after the first request for copies. We will charge \$.20 per page and \$25 an hour for staff time and postage if you want the copies to be mailed to you. If you prefer, we will prepare a summary or explanation of your health information for a fee. If we deny your request to review or obtain a copy of your health information you may submit a written request for a review of that decision. The person conducting the review will not be the person who denied your request. In some circumstances, our denial of your request to inspect and receive copies of your information is not subject to review.

Disclosure Accounting: You have the right to receive a record of disclosures made by us of your health information when you submit a written request. This record will not include disclosures made for treatment payment or health care operations; disclosures made directly to you; disclosures authorized by you pursuant to a

signed authorization or disclosures made for law enforcement purposes. You may request one such record at no charge every (12) months. The record requests must state the time desired and may not exceed six (6) years prior to the date of the request and may not include any dates prior to 12/01/09. The first disclosure record requests a 12-month period is free; additional requests will be provided for a fee. We will inform you of the fees before you incur any cost.

Restrictions: You have the right to request to place additional restrictions on our use and disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except when required by law or in an emergency).

Alternative Communications: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. The request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternate the means or location of the request. We will make reasonable efforts to accommodate your request.

Amendment: You have the right to request that we correct your records if you believe information in your record is incorrect or important information is missing, by submitting a written request that provides the reason for requesting the amendment. We have the right to deny your request to amend the record if the information was not created by us; if it is not part of the health information maintained by us; if it is not part of the information which you would be permitted to inspect and copy; or if in our opinion the record is accurate;

Questions and Complaints: If you are concerned that we have violated your privacy rights, disagree with the decision made about access to your health information, you may contact (in writing) our Privacy Officer (listed below). You may also send a written complaint to the US Department of Health and Human Services Office of Civil Rights. We will provide you the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Privacy Officer:

Steve Hoersting, M.Ed., LPP, CBIA 7000 Houston Road, Bldg 200, Suite 21, Florence, Kentucky 41091 Phone (859)282-0180 Fax (859) 282-0862