



SARA SINER DARLING

Licensed Marriage & Family Therapist

Notice of Sara Siner Darling, LMFT, PLLC

Policies and Practices to Protect the Privacy of Your Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Sara Siner Darling, PLLC may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes. 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 Sara Siner Darling PLLC, provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when a Sara Siner Darling PLLC Therapist consults with another health care provider, such as your family physician or another mental health professional.
 - Payment is when Sara Siner Darling PLLC obtains reimbursement for your healthcare. Examples of payment are when Sara Siner Darling PLLC discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of my practice. 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 within Sara Siner Darling, PLLC [office, clinic, practice group, etc.], such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of Sara Siner Darling, PLLC [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Sara Siner Darling, PLLC 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 Sara Siner Darling, PLLC is asked for information for purposes outside of treatment, payment or health care operations, Sara Siner Darling, PLLC will obtain an authorization from you before releasing this information. Sara Siner Darling, PLLC will also need to 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 your therapist has kept separate from the rest of your medical 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, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Sara Siner Darling, PLLC may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If Sara Siner Darling, PLLC has reasonable cause to believe that a child is dependent, neglected or abused, your Sara Siner Darling, PLLC therapist 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 Sara Siner Darling, PLLC has reasonable cause to believe that an adult has suffered abuse, neglect, or exploitation, your Sara Siner Darling, PLLC therapist must report this belief to the Kentucky Cabinet for Families and Children.
- **Health Oversight Activities:** The Kentucky Board of Licensed Professional Clinical Counselors may subpoena records from your Sara Siner Darling, PLLC therapist relevant to its disciplinary proceedings and investigations.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and records thereof, such information is privileged under state law, and Sara Siner Darling, PLLC will not release information without the written authorization of you or your personal or legally- appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to your Sara Siner Darling, PLLC therapist an actual threat of physical violence against a clearly identified or reasonably identifiable victim or an actual threat of some specific violent act, all Sara Siner Darling, PLLC therapists have a duty to notify the victim and law enforcement authorities.
- **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.

IV. Client's Rights and Therapist's Duties

Client's Rights:

- **Right to Request Restrictions** -You have the right to request restrictions on certain uses and disclosures of protected health information. However, Sara Siner Darling, PLLC is not required to agree to a restriction you request.
- **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. (For example, you may not want a family member to know that you are seeing a therapist at Sara Siner Darling, PLLC. On your request, Sara Siner Darling, PLLC will send your bills to another address.)
- **Right to Inspect and Copy** - You have the right to inspect or obtain a copy (or both) of PHI in Sara Siner Darling, PLLC's mental health and billing records used to make decisions about you for as long as the

PHI is maintained in the record. Sara Siner Darling, PLLC may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, Sara Siner Darling, PLLC will discuss with you the details of the request and denial process.

- **Right to Amend** - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Sara Siner Darling, PLLC may deny your request. On your request, your Sara Siner Darling, PLLC therapist will discuss with you the details of the amendment process.
- **Right to an Accounting** - You generally have the right to receive an accounting of disclosures of PHI. On your request, Sara Siner Darling, PLLC will discuss with you the details of the accounting process.
- **Right to a Paper Copy** - You have the right to obtain a paper copy of the notice from Sara Siner Darling, PLLC upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties:

- Sara Siner Darling, PLLC therapists are required by law to maintain the privacy of PHI and to provide you with a notice of therapist's legal duties and privacy practices with respect to PHI.
- Sara Siner Darling, PLLC reserves the right to change the privacy policies and practices described in this notice. Unless Sara Siner Darling, PLLC notifies you of such changes, however, Sara Siner Darling, PLLC is required to abide by the terms currently in effect.
- If Sara Siner Darling, PLLC revises policies and procedures, Sara Siner Darling, PLLC will provide you with a revised notice so that you will become aware of any changes.

V. Complaints

If you are concerned that a Sara Siner Darling, PLLC therapist has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact the Kentucky State Board of Licensed Marriage and Family Therapist by telephone at 502-782-8809.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Administrator listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on May 1, 2013. Sara Siner Darling, PLLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Sara Siner Darling, PLLC maintains. Sara Siner Darling, PLLC will provide you with a revised notice so that you will become aware of any changes.



SARA SINER DARLING
Licensed Marriage & Family Therapist

Receipt and Acknowledgment of Notice of Sara Siner Darling PLLC Policy & Privacy Practices

Client(s) Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Sara Siner Darling, PLLC's Notice of Policy & Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Sara Siner Darling, PLLC at 329 Madison Avenue, Paducah, Kentucky, 42001.

Signature of Client(s) Date

Signature or Parent, Guardian or Personal Representative Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.):

Patient/Client Refuses to Acknowledge Receipt.

Signature of Counselor/Therapist Date