

Notice of Privacy Practices for Protected Health Information

Effective 06/15/2023

Silver Lining Consulting, LLC | 826 ½ Massachusetts St. Suite 206 & 208 Lawrence, KS 66044

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.

DEFINITIONS

- Silver Lining Consulting, LLC (SLC)
- Health Information: Information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- PHI: Protected Health Information

USE AND DISCLOSURE OF HEALTH INFORMATION

Silver Lining Consulting, LLC (SLC) is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information as it applies to HIPAA. Nothing in this notice conflicts with protections under 42 CFR Part 2. Silver Lining Consulting, LLC may use your health information for purposes of providing your treatment, obtaining payment for your care and conducting health care operations unless the client has made a written waiver of the privilege and provided the treatment personnel with a copy of such waiver K.S.A. 65-5603. SLC has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

1. Treatment: SLC may use your health information to coordinate care, or discuss your treatment options for your health-related benefits, within SLC and with others involved in your care, such as your attending physician and other health care professionals.
2. Payment: The SLC may include your health information in invoices to collect payment from third parties for the care you receive from SLC. SLC may also provide information to other health care providers to assist them in obtaining payments for services they provide to you.
 - a. For example, SLC may be required by your health insurer to provide health information so that the insurer will reimburse you or SLC. SLC may need to obtain prior approval from your insurer and may need to explain to the insurer your need for mental health services that will be provided to you.
3. Appointment Reminders: SLC may use and disclose your health information to contact you as a reminder that you have an upcoming appointment. Unless you direct us otherwise, we may leave

messages on voice mail identifying SLC and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return the call.

4. Creation of de-identified health information. We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

a. For example, the Agency may use your health information to evaluate its staff performance, combine your health information with other SLC clients in evaluating how to more effectively serve all SLC clients, or to disclose your health information to SLC staff and contracted personnel for training purposes.

5. Uses and disclosures required by law. We will use and/or disclose your information when required by law to do so.

6. Disclosures for public health activities. We may disclose your health information to a government agency authorized.

(a) to collect data for preventing or controlling disease, injury, or disability; or

(b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

7. Disclosures about victims of abuse, neglect, or domestic violence. SLC may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

8. Disclosures for judicial and administrative proceedings. Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

9. Disclosures for law enforcement purposes. We may disclose your health information in the course of a judicial proceeding with to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

10. Disclosures regarding victims of a crime. In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated if it appears you were the victim of a crime.

11. Disclosures to avert a serious threat to health or safety. We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

12. Disclosures for specialized government functions. We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

13. Disclosures for fundraising. We may disclose demographic information and dates of service to an affiliated foundation or a business associate that may contact you to raise funds for SLC. You have a right to opt out of receiving such fundraising communications.

14. Disclosures regarding descendants. SLC may disclose health information to a coroner, medical examiner, or funeral director when an individual dies and to law enforcement officials if we suspect the death may have been the result of criminal conduct.

OTHER USES AND DISCLOSURES

Other uses and disclosures not described in this notice will be made only as authorized by law or with your written authorization. You may revoke any authorization at any time.

1. Written Authorization. We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this notice.

a. For example, written authorizations are required for use and disclosure of psychotherapy notes, substance abuse information and HIV status, unless in the case of an emergency. You may revoke such authorization, in writing, at any time to the extent SLC has not relied on it.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that SLC maintains:

1. Right to Request Restrictions: You may request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must complete a specific written form providing information we need to process your request to the SLC. SLC is not required to honor your request for restrictions, if (1) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law, and (2) the protected health information pertains solely to a health care item or services for which you or any person (other than a health plan on your behalf) has paid SLC in full. If you wish to decline disclosure of PHI to your insurance company, you will be required to pay full fee for services.
2. Right to Request Alternative Methods Communications: You have the right to request that SLC communicates with you in a certain way. For example, you may ask that SLC only conduct communications pertaining to your health information with you privately with no other family members present. You must complete a specific form providing information needed to process our request. SLC will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
3. Right to Request Inspect and Copy: You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Namaste Manney, LMSW. If you request a copy of your health information, SLC may charge a reasonable fee for labor costs associated with your request.
4. Right to Request Amendment: You have the right to request that SLC amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the maintains the information. A request for an amendment of records must be made in writing to the

Namaste Manney, LMSW. SLC may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by SLC, if the records you are requesting are not part of the SLC's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the SLC, the records containing your health information are accurate and complete.

5. Right to an Accounting of Disclosures and Access Report: You have the right to request an accounting of disclosures of your health information made by the SLC. The request for an accounting must be made in writing to Namaste Manney, LMSW and can include all disclosures made three years prior to the date the request is submitted. SLC will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

6. Right to a paper copy of this Notice: You have a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. A paper copy is available from Namaste Manney, LMSW

Silver Lining Consulting, LLC is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to our legal duties and privacy practices regarding the information we gather and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to accommodate a requested restriction.
- Accommodate reasonable requests by you to communicate health information using alternative means or alternative locations.
- Notify you in writing should a privacy breach occur involving your protected health information, as outlined in the HITECH Act of 2009.

Complaints: If you believe your rights with respect to health information have been violated, you may file a complaint with SLC or with the Namaste Manney, LMSW. To file a written complaint with SLC, please contact or Silver Lining Consulting, LLC 826 ½ Massachusetts St. Suite 206 & 208 Lawrence, KS 66044, namaste@consultingks.com.

You may contact the Office of Civil Rights of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, HHH Building, Washington, D.C 20201 or you may contact the Office of the Civil Rights Hotline at 1-800-368-1019. We cannot and will not retaliate against you or refuse treatment for filing a complaint.

Questions: For information on how to submit your written requests, or if you have any questions about this notice of SLC's privacy practices, you may call the Namaste Manney, LMSW 785-840-5465.

SLC reserves the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created.