

HopeLife Counseling
Healey E. Ikerd, MS, LPC, LMFT
PO Box 11051; Fayetteville, AR 72703
479-202-4206

HIPAA Notice of Privacy Practices

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. Effective Date: July, 1, 2010

Purpose of This Notice.

This notice will tell you the ways in which Healey Ikerd/HopeLife Counseling may use and disclose your Protected Health Information (PHI). PHI is information about you including demographic information that may identify who you are and relates to your past, present, or future physical or mental health condition, the provision of health care to you, or a past, present, or future payment for provision of health care to you. The Health Insurance Portability and Accountability Act (HIPAA) requires that I provide notice to each of my clients of how I will protect the confidentiality of your PHI. I will also describe your rights and certain obligations I have regarding the use and disclosure of medical information.

I understand that your PHI is personal and I am committed to the absolute protection of that information. I collect information from you regarding the care and services you receive from me and store it in a medical record. I need this record to provide you with quality care and to comply with certain legal requirements. I maintain appropriate physical, electronic, and procedural safeguards to protect your PHI against unauthorized use or disclosure. I am required by law to: Make sure that the PHI that identifies you is kept private; Give you notice of my legal duties and privacy practices with respect to your PHI; and Follow the terms of the notice that is currently in effect.

Who Will Follow This Notice.

This notice describes Healey Ikerd/HopeLife's practices and that of:

- All employees and staff involved with the operation of Healey Ikerd's private practice (HopeLife Counseling).
- Any health care professional authorized to enter information into your medical record.

Uses and Disclosures of Protected Health Information.

1. Treatment

I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, I may disclose your PHI to him/her in order to coordinate your care. I will consult you and ask for you to sign a written agreement authorizing this communication, so that you are aware of these times.

2. Payment

I may use and disclose your PHI so that the treatment and services that I have provided to you may be billed to and payment may be collected from you, an insurance company or a third party. For example, I might send your PHI to a church who has agreed to cover the cost of services rendered in order to get payment. I could also provide your PHI to business associates, such as billing companies, claims processing companies and others that process health care claims for Healey Ikerd/HopeLife Counseling.

3. Health Care Operations

I may disclose your PHI to facilitate the efficient and correct operation of my practice. For example, I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to attorneys, accountants, consultants, and other to make sure that I am in compliance with applicable laws.

Other health care operations reasons we may use and disclose your PHI: Send appointment reminders; contact you about alternative treatment options that may be of interest to you; and/or contact you about health related benefits or services that may be of interest to you.

4. Disclosure of PHI Without Authorization

I may be required by law to disclose your PHI without written authorization for the following reasons:

- To avoid harm, I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public
- If disclosure is mandated by the Arkansas Elder/Dependent Adult Reporting law.
- If disclosure is compelled or permitted by the fact that you divulge a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
- When required by federal, state, or local law.
- Reporting victims of abuse, neglect, or domestic violence.
- Health oversight activities (audits, investigations and inspections).
- Judicial proceedings (valid court orders).
- Appropriate law enforcement requests.
- Correctional institutions, parole or other law enforcement officials.
- As required by the Secretary of the Department of Health and Human Services.
- If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g. a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

5. Right to Amend

If you feel that health information about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept by or for Healey Ikerd/HopeLife Counseling.

To request an amendment, your request shall be made in writing and submitted to Healey Ikerd. In addition, you shall provide a reason that supports your request. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend a record that was not created by myself unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information kept by or for Healey Ikerd; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

5. Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures". This is a list of the disclosures I made with your PHI. To request this list or accounting of disclosures, you shall submit your request in writing to Healey Ikerd. Your request shall state a time period which may not be longer than four years and may not include dates before July 1, 2010. Your request should indicate in what form you want the list (for example, on paper, electronically, etc). The first list you request within a 12 month period will be free. For additional lists, I may charge you for the costs of providing the list. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. Right to Inspect and Copy

You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical records and billing records, but does not include psychotherapy notes or information compiled for legal proceedings. You do have the right to request a summary of treatment provided from your therapist at any time.

To inspect and copy health information that may be used to make decisions about you or to request a summary of treatment, you shall submit your request in writing to Healey Ikerd at HopeLife Counseling. If you request a copy of the information, I may charge a fee for the costs of copying, mailing or other supplies associated with the request.

I may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Healey Ikerd will review your request and the denial. The person conducting the review will not be the person who denied your request. I will comply with the outcome of the review.

7. Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

8. Right to Request Restrictions

You have the right to request a restriction or limitation of your PHI that I use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. For example, you could ask that I not use or disclose information about a diagnostic test you had. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you shall make your request in writing to Healey Ikerd/HopeLife Counseling. In your request, you shall include: what information you want to limit; whether you want to limit my use, disclosure or both; and to who you want the limits to apply to, for example, disclosures to your spouse.

9. Right to Request Confidential Communications

You have the right to request that I communicate with you about health matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail.

To request confidential communications, you shall make your request in writing and shall specify how or where you wish to be contacted. I will not ask you the reason for your request and will accommodate all reasonable requests.

Right to Change this Notice

I reserve the right to change the terms of this notice. I reserve the right to make the revised or changed notice effective for PHI that I already have about you as well as any PHI I receive in the future. When changes are made, you will be asked if you would like the latest copy of this document. The effective date of the notice will be posted on the first page of the document. You may request a copy of this notice as any time.

Complaints

If you are concerned that your privacy rights have been violated, you may contact Healey E. Ikerd at the address provided. You may also send a written complaint to the Secretary of the Department of Health and Human Services. I will not retaliate against you for filing a complaint with the government or me.

The contact information for the United States Department of Health and Human Services is:
US Department of Health and Human Services
HIPAA Complaint
7500 Security Blvd., C5-24-04
Baltimore, MD 21244

Other Uses of Health Information

All other uses and disclosures of your PHI not covered by this notice or the laws that apply to me will be made only with your written permission. You may revoke your permission at any time in writing. If you revoke your permission, I will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures that I have already made with your permission and that I am required to retain my records of the care that I provided to you.

This document is Healey Ikerd's Notice of Privacy Practices. I will ask you to sign an acknowledgment that you have received a copy of the Privacy Practices at the first provision of services for each treatment episode. If you have any questions about Healey Ikerd's Privacy Practices, please feel free to contact me at 479-202-4206.

The effective date of this Notice is June 1, 2010

Contact Information for Requests or Complaints
Healey Ikerd, LPC, LMFT, CCMHC
PO Box 11051
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