



Evergreen Clinical Associates
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NOTICE OF PRIVACY PRACTICES

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

Your health record contains personal information about you and your health. This is information about you, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services, and is referred to as Protected Health Information (“PHI”). This *Notice of Privacy Practices* describes how Evergreen Clinical Associates and Shawn E. Conn, MSW, LCSW (hereinafter referred to as “The Provider”) may use and disclose your PHI in accordance with applicable laws, including the *Health Insurance Portability and Accountability Act* (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, the National Association of Social Workers (“NASW”) and the Kentucky Board of Social Work (“BOSW”) Codes of Ethics, and Kentucky statutes and regulations. It also describes your rights regarding how you may gain access to and control your PHI.

The Provider is required by law to maintain the privacy of PHI and to provide you with notice of legal duties and privacy practices with respect to PHI. The Provider is required to abide by the terms of this *Notice of Privacy Practices*. The Provider reserves the right to change the terms of this *Notice of Privacy Practices* at any time. Any new *Notice of Privacy Practices* will be effective for all PHI that The Provider maintains at that time. The Provider will provide you with a copy of the revised *Notice of Privacy Practices* by posting a copy on their website, sending a copy to you in the mail upon request and/or providing one to you at your next appointment.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, REQUIRING CONSENT

The Provider may use or disclose your PHI for treatment, payment and health care operations purposes with your consent as discussed below:

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. An example of treatment would be when The Provider consults with another health care provider, such as a family physician or another mental health provider. The Provider may disclose PHI to any other consultant only with your authorization.

For Payment: The Provider may use and disclose PHI so that they can receive payment for the treatment services provided to you. This will only be done with your consent. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, The Provider will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: The Provider may use or disclose, as needed, your PHI to associated business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, The Provider may share your PHI with third parties that perform various business activities (billing or typing services) provided they have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

II. USES AND DISCLOSURES REQUIRING AUTHORIZATION

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure base upon your authorization. The following uses and disclosures will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record;
- Most uses and disclosures of PHI for marketing purposes, including subsidized treatment communication;
- Disclosures that constitute a sale of PHI; and
- Other uses and disclosures not described in this Notice of Privacy Practices.

III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

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

Child Abuse: By Kentucky State Law Evergreen Clinical Associates and Shawn E. Conn, MSW, LCSW are mandated reporters. This means if there is reasonable cause to believe that a minor child is being subjected to physical, emotional, or sexual harm or neglect/risk of harm to the child's health or welfare, including malnutrition, they must immediately report such conditions to the Kentucky Cabinet For Health And Family Services (CHFS).

Elder Abuse: If The Provider has reasonable cause to believe that an elderly person (60 or older) is being subjected to or has died as a result of abuse, or is being subjected to financial exploitation, they must report these circumstances to the Kentucky Cabinet For Health And Family Services Adult Division.

Abused and Disabled Persons: If The Provider has reasonable cause to suspect the abuse of an adult (18+) with mental or physical difficulties, they must make a report to the Kentucky Cabinet For Health And Family Services.

Health Oversight: Certain other entities in the state of Kentucky have the power to oversee and inspect the records of mental health practitioners, such as the Office of Inspector General, The Kentucky Office of Medical Licensure, and Managed Care Organizations. These entities, at times, have the power to subpoena relevant records if we are ever the focus of any inquiries.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is

made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and The Provider will not release information without written authorization from you or your 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 if this is the case.

Serious Threat to Health or Safety: If you communicate to The Provider an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, The Provider must take reasonable precautions – which may include warning the potential target and calling law enforcement agencies or working to arrange for your hospitalization. The Provider must also do so if they know you have a history of physical violence and believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and The Provider has a reasonable basis to believe that you can be committed to a hospital, they may be required by law to seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

Worker's Compensation: If you file a worker's compensation claim, your records relevant to that claim will may not be confidential to entities such as your employer, the insurer or the Division of Worker's Compensation.

Specialized Government Functions: The Provider may receive or review request from the U.S. Military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health: If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

IV. YOUR RIGHTS AND OUR OBLIGATIONS

Patient's Rights:

You have the following rights regarding PHI Evergreen Clinical Associates/ Shawn E. Conn, MSW, LCSW (The Provider) maintains about you:

- **Right of Access to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in The Provider's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your access may be denied in certain circumstances, but in some cases, you may be able to have this decision reviewed. On your request, The Provider will discuss with you the details of the request and denial process. The Provider may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person. Requests for PHI must be made in writing.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of PHI for

which you have neither provided authorization nor consent. On request, The Provider will discuss with you the details of the accounting process. The Provider may charge you a reasonable fee if you request more than one accounting in any 12 month period.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or health care operations. The Provider is not required to agree to your requests unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, The Provider is required to honor your request for restriction.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.** You have the right to request that Evergreen Clinical Associates/Shawn E. Conn, MSW, LCSW communicates with you about health matters in a certain way or at a certain location. The Provider will accommodate reasonable requests. For instance, you may not want a family member to know you are seeing The Provider. Upon your request, The Provider will send your bills to another address. The Provider may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. Evergreen Clinical Associates/Shawn E. Conn, MSW, LCSW will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, Evergreen Clinical Associates/Shawn E. Conn, MSW, LCSW may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.

Our Obligations:

- Evergreen Clinical Associates/Shawn E. Conn, MSW, LCSW are 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.
- Evergreen Clinical Associates/Shawn E. Conn, MSW, LCSW reserves the right to change the privacy practices described in this Notice. Unless The Provider notifies you of such changes, however, The Provider is required to comply with the terms currently in effect.
- If Evergreen Clinical Associates/Shawn E. Conn, MSW, LCSW revises their privacy practices, The Provider will contact you via the means provided by to you on file; whether that be by phone, email, or other means; and will provide you a copy via mail, secure email, fax, or through your preferred means.

V. COMPLAINTS

If you believe Evergreen Clinical Associates/Shawn E. Conn, MSW, LCSW has violated your privacy rights or you disagree with a decision made about access to your records, you may contact Shawn Conn, MSW, LCSW at shawn.conn.lcsw@gmail.com or evergreenclinicalassociates@gmail.com or at 606-879-1397, or you may contact the U.S. Department of Health And Human Services to file a complaint online at: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. **Evergreen Clinical**

Associates/Shawn E. Conn, MSW, LCSW will not retaliate against you for filing a complaint.

VI. EFFECTIVE DATE OF PRIVACY PRACTICES

This notice will go into effect on 2/7/2023.