

# Patient Rights | HIPAA Notice of Privacy Policy

This notice is effective as of April 15, 2015. I am required by the Health Insurance Portability and Accounting Act of 1996 to maintain the privacy of protected health information, and must inform you of my privacy practices and legal duties. The following paragraphs reflect the requirements of that act. I am required to abide by the terms of the Notice of Privacy Practices that is most current. I reserve the right to change the terms of this notice at any time. Any changes will be effective for all protected health information that I maintain. Any revised notices will be available in my office.

**Your Rights:** When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

*Get a paper copy of your medical record:* You can ask for a copy of your medical record and other health information I have about you. I will provide a copy or summary of your health information, usually within 30 days of your written request. I may charge a reasonable, cost based fee.

*Ask me to correct your medical record:* You can ask me to correct health information about you that you think is incorrect or incomplete. I may decline this request, but I will inform you, in writing, within 60 days of your request.

*Request confidential communications:* You can ask me to contact you in a specific way (for example, a home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.

*Ask me to limit what I use or share:* You can ask me to not use or share certain health information for treatment, payment, or my operations. I am not required to agree to your requests, and I may say “no” if it might affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or operations with your health insurer. I will say “yes” unless I am, by law, required to share that information.

*Get a list of who your information has been shared with:* You can ask for a list of the times I’ve shared your health information for six years prior to the date you ask, who I’ve shared with, and why. I will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as requested disclosures). I will provide one accounting a year for free, but will charge a reasonable, cost based fee if you ask again within 12 months.

*Get a copy of this notice:* You can ask for a paper copy of this notice at any time. I will promptly provide a paper copy.

*Choose someone to act for you:* If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will ensure that person has that authority before I take any action.

*File a complaint if you feel your rights are violated:* If you feel I have violated your rights, you can complain by contacting me directly. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). I will not retaliate against you filing a complaint.

**Your Choices:** For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, please tell me what you prefer, and I will follow your instructions.

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JON SOILEAU

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*In these cases, you have both the right and choice to tell me to:*

Share information with you family, close friends, or others involved in your care.

Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share information when needed to lessen a serious and imminent threat to health and safety.

**My Uses and Disclosures:** I typically use or share your health information in the following ways:

*To treat you:* I can use your health information and share it with others treating you.

*To run my organization:* I can use and share your health information to bill and get payment from health plans or other entities.

I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For example, here are situations where I may do so:

- Reporting suspected abuse, neglect, or domestic violence.

- Preventing a serious threat to anyone's health or safety.

- Doing research

- Complying with the law (I will share information about you if state or federal laws require it, including with Department of Health and Human Services if it wants to see that I am complying with federal privacy law.)

- Working with a medical examiner or funeral director

- For worker's compensation claims

- For law enforcement purposes with a law enforcement official

- With health oversight agencies for activities authorized by law

- For special government functions such as military and national security services

- To respond to lawsuits and legal actions (I can share health information about you in response to a court administrative order, or is response to a subpoena.)

**My responsibilities:** I am required by law to maintain the privacy and security of your protected health information. I will notify you promptly if a breach occurs that may have compromised the privacy or security of your information. I must follow the duties and privacy practices described in this notice and give you a copy of it. I will not use or share your information other than as described above unless you tell me in writing. If you tell me I can, you may change your mind at any time. If you do, notify me in writing.

For more information see: [www.hhs/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs/ocr/privacy/hipaa/understanding/consumers/index.html) and [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

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