



**Kathleen Horsey, AMFT #94467**

**Supervised by Brandi Garner, LMFT#49045**  
9008 Elk Grove Blvd, ste #11, Elk Grove, Ca. 95624

**Phone: (424) 240-5798**

**Email: [khorsey.vylc@gmail.com](mailto:khorsey.vylc@gmail.com)**

**Website: [www.visualizeyourlifecounseling.com](http://www.visualizeyourlifecounseling.com)**

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### **Notice of Privacy Practices (NPP)**

#### **As required by The Health Insurance Portability and Accountability Act (HIPAA)**

To safeguard your privacy, the office of Visualize Your Life Counseling is legally required, both by federal and California laws, to provide you this notice and to follow these policies. This notice explains how, when, and why this office uses and discloses to others your protected health information. This document also describes how you can get access to your stored information. This office has the right to change the terms of this notice and/or privacy practices at any time. Any changes will apply to protected information on file in this office currently. After changes are made, we are required to notify all current clients and make the new notice available.

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#### **A. Background**

Privacy is a complex issue:

- Federal and State laws dictate certain privacy and confidentiality rules.
- Professional ethics organizations suggest additional rules.
- Third-party payors (TPP), such as medical or behavioral health insurances, Victim and Witness Assistance programs, Employee Assistance Programs, and others, may require or may make request of your private health information for payment of services or require mental health professionals to abide by contractual agreements.
- This office utilizes electronic technology for storing, accessing, and transmitting protected health information, and therefore additional laws become in effect.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates that all covered entities provide a Notice of Privacy Practices to individuals who receive services. The owner, Brandi Garner, of Visualize Your Life Counseling is considered a "health care provider" and is an "entity" per HIPAA rules.

#### **Definitions:**

"Protected Health Information (PHI)" as used in this document includes any verbal statements or documents that can be used to identify you that have been created or received about your past, present, or future health or condition, the provision of mental health care to you, or payment for services rendered in this office. A "use" of such information occurs when it is shared, examined, utilized, applied, or analyzed. Protected information is "disclosed" when it is released, transferred, given to, or otherwise divulged to a third party.

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#### **B. Protected Health Information (PHI)**

This Notice tells you in detail how the office of Visualize Your Life Counseling handles your Protected Health Information (PHI). Each time you make contact (phone or e-mail) or receive treatment from professionals working in or in concert with this office, health information is collected and documented about you.

In this office, PHI is likely to include:

- Names of referral sources or how clients found this office
- History, such as: personal history, social/ family/ relationship history, educational history, medical and mental health history, career and job information, substance use history, legal concerns and more.

- Reasons for seeking treatment, such as problems, complaints, or symptoms
- Diagnoses, the medical descriptive terms, according to those found in either the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Statistical Classification of Disease (ICD) system
- Routine progress notes of each pertinent contact. Such notes may contain: subjective information (that which is communicated to professionals in course of treatment), objective information (that which is observed by professionals in treatment), any assessment or intervention information, and any plan for next future sessions.
- Records, such as information received from other professionals, educational institutions or other professionals Information about client medications taken in past or present
- Transcriptions of voice-mails, phone-calls, text/SMS messages, and Internet based written communications (e.g. e-mails, web communications, website communications, postings, etc.)
- NOTE: This list is not comprehensive but provides only the typical sources of PHI

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### **C. Access, Storage, and Transmittal of PHI**

The two types of methods are used to store and transmit PHI in this office: physical and electronic.

#### **1. Physical files or media**

Physical chart is subdivided into three sections. The first section is called the “**Clinical File**”, and contains material which would be potentially disclosed to clients, legal guardians, court, TPP, other healthcare providers, etc. This would contain your contact information, intake information, notes, any test devices, diagnosis, treatment plan (s), progress or treatment notes, and more. The second section is called the “**Therapist File**” and this is private to therapist only. The third section is called “**Billing File**”, and contains material which would be potentially disclosed/released to you, legal guardians, court, TPP, Collection Agencies, etc. This would contain your contact information, insurance information, Office Agreement(s), signed forms, attendance history, account balance history, payment history, and any credit card or payment information. The reason for the separate files is that a therapist has duty to release only as much PHI as is necessary for each situation. All files will be kept in a locked filing cabinet, secure storage facility, or secured website, however, the Clinical File and the Billing File will be kept for not less than 7 years from end date of service.

#### **2. Electronic files or media**

Electronic technology and computers are utilized by this office to access, store, and transmit your information.

Any personally identifying information contained within computer files or databases will be password protected.

- Internet / network: All PHI communicated or shared over the internet or network by this office, will be secure, including use of 128-bit (or higher) SSL encryption layers.
- Electronic medical record (EMR) system: A secured computer server and professional software program or a secured web-based service, conforming to HIPAA standards, may be used in place or addition to a physical file. This system may link with Electronic Clearing Houses, Third-party payor systems, or other billing entities, compliant with HIPAA, to transmit PHI information securely over the internet.
- Communication services: Phone and fax numbers may be internet based and utilize internet-based protocols over secured 128-bit (or higher) SSL encryption layers. Phone calls are not recorded. Voicemails may be recorded and transcribed via Google Voice service and sent to Therapist via a Google’s SSL-secured system.
- Payment: PayPal, a secured web-based payment service, may be utilized to process electronic payments. Credit card information may also be sent using card reader in the office.

- Audio / Video recording(s): With your written consent, this office may request to record session(s). All recordings will be recorded digitally, stored and be properly erased or physically destroyed within 1 yr.
- Website: This office maintains up-to-date security standards for the following website: [www.visualizeyourlifecounseling.com](http://www.visualizeyourlifecounseling.com) and any form-based e-mail on website, your note is emailed directly to the person listed.
- **EMAILS, CELL PHONE, COMPUTERS AND FAXES:** It is very important to be aware that computers and e-mail communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes and e-mails can easily be sent erroneously to the wrong address. Both systems are vulnerable to unauthorized access due to the fact that Internet servers have unlimited and direct access to all e-mails that go through them. E-mails are not encrypted other than per the Google E-mail SSL socket layers. Office computers are equipped with a password protection.
- **Note: As with any technology, confidentiality cannot be guaranteed.**

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**D. Use of PHI** This office of Visualize Your Life Counseling, will use your information in many ways and for differing purposes.

For example, your information may be used:

- to plan your treatment, or to decide how well it is working
- to meet ethical and legal obligations of disclosure
- to coordinate treatment with your previous, current or future healthcare providers
- for purposes of obtaining payment with third-party payors, and maintaining contracts or agreements
- for purposes of Clearing House services (these process insurance billing forms)
- to improve the way the office measures performance
- to provide training or education opportunities for employees or interns in this office

When you understand what is in your record and what it is used for you can make better decisions about who, when, and why others should have this information. Although your health record is the physical property of the office, the information belongs to you.

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## **E. Disclosure of PHI**

By law, this office may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. This office is allowed to disclose PHI in the instances below. In the instances in which this office is not allowed, we may attempt to secure your (or if applicable, your legal guardians) written consent for such disclosure before disclosing any PHI. This written consent lasts for one year from the earliest signed date on the form, however can be revoked at any time by you or guardian. Although other health care providers are required to adhere to the same standards for confidential communication of PHI, you should be aware that this office has no control over how others may use PHI which we have disclosed.

### **1. Limits on the Use of Protected Information**

In general, this office is able to disclose your information for purposes of **treatment, payment or health care operations (TPO)** or as the result of any compelling law or order.

### **2. Disclosures required of this office by Law**

Disclosures will be made, without your written consent, in the following circumstances:

- Where there is a reasonable suspicion of child, dependent adult, or elder abuse
- Where there is a reasonable suspicion that you present an imminent danger of seriously harming others or seriously harming yourself
- As the result of a legal proceeding or court obligation

### **3. Disclosures that can be made without your written consent or agreement**

Disclosures may be made with or without your written consent, in the following circumstances:

#### **a. For treatment**

This office can use your PHI to provide you with mental health treatment, including discussing or sharing your PHI with employees, trainees or interns affiliated with this office, or when an outside mental health professional provides coverage for a member of this office. **For emergency situations**, in which the duty to ensure your safety or others, will take precedence over the obligation to safeguard your privacy. Examples: When you are unconscious, in severe pain, or otherwise in need of emergency medical or psychiatric services, a member of this office, may attempt to procure ambulance services or law enforcement support, or make contact with your personal supports or treating professionals, including your physicians and/or psychiatrist, or other relevant persons to establish your safety, clarify diagnosis, treatment and/or planning.

#### **b. For health care operations**

This office may disclose your PHI to facilitate efficient and correct operation of this practice. Examples: evaluation of employees or their services conducted in this office, coordination with Brandi Garner's accountant (or business associate), consultants or others to facilitate compliance with applicable laws.

#### **c. To obtain payment for treatment**

This office may use and disclose your PHI to bill and collect payment for your treatment and services. Examples: coordinating with responsible party, communicating with TPP or its employees, processing of claims electronically or through fax, communicating with billing or claims companies, or communication with collection agencies, business associates or an attorney.

**d.** When disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.

**f.** If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.

**g.** If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the HIPAA Privacy Rule that requires this notice.

**h.** To avoid harm. This office 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. Example: adverse reaction to medication.

**i.** If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if this office determines that disclosure is necessary to prevent the threatened danger.

**j.** If disclosure is mandated by the California Child Abuse and Neglect Reporting law.

**k.** If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law.

**l.** If disclosure is compelled or permitted by the fact that you or a family member tell us that you have serious intent of inflicting physical violence against a reasonably identifiable victim or property.

**m.** For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, this office may need to provide the coroner certain information about you.

**n.** For health oversight activities. Example: This office may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

**o.** For specific government functions. Examples: This office may disclose PHI of military personnel and veterans under certain circumstances. Also, this office may disclose PHI in the interests of national security.

**p.** For research purposes. In certain circumstances, this office may provide PHI in order to conduct research.

- q.** For Workers' Compensation purposes. This office may provide PHI in order to comply with Workers' Compensation laws.
- r.** Appointment reminders and health related benefits or services. Examples: This office may use PHI to provide appointment reminders, or give you information about alternative treatment options, or other health care services or benefits we offer.
- s.** 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.
- t.** If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services
- u.** Litigation: If you have a pending personal injury claims such as auto accident, malpractice claim or other situations in which you are eligible to collect damages, your entire record may be subject to disclosure by subpoena or court order and is also subject to full disclosure to the payor of any such claims.
- v.** If disclosure is otherwise specifically required by law.

#### **4. Disclosures that may be made with your written consent**

If situation is not otherwise listed above in Section E, subsections 1-3, disclosures of PHI in this section require your (or if applicable, your legal guardians) written consent.

##### **a. To coordinate non-emergency treatment or coordinate information with outside offices**

This office may coordinate with outside professionals involved in your care. Examples: Referring professional, any current treating professionals, outside agencies, educational institutions or professionals

##### **b. Disclosures to responsible parties, friends, or others**

This office may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care. Retroactive consent may be obtained in emergency situations or to collect unpaid balances.

##### **c. For any such situation not otherwise listed in Section E, subsections 1-4 above, will require your (or if applicable, your legal guardians) written release**

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## **F. Your Rights**

### **1. The right to request limits on uses and disclosures of your PHI**

You have the right to ask that this office limit the use and disclosure of your PHI beyond the limits specified in this notice. Such a request will be given due consideration, but this office is not legally required to comply.

### **2. The right to choose how this office uses or sends your PHI**

You have the right to ask that information be sent to you or delivered at an alternate site. For example, you may wish this office to send correspondence to a work address or PO Box, rather than a home address. You request no message being left on your home message machine. This office may agree to the request as long as it does not impact business operations and we are able to provide format requested.

### **3. The right to view and obtain copies of PHI**

In most cases, you have the right to look at or get copies of your PHI maintained by this office. All sessions and relevant contact will be documented. For physical documentation/media (written forms, faxes, progress notes, etc), they will be kept for 7 years from the end date of service. Electronic information will be kept securely for 7 years from the end date of service. With written and signed note, you or your legal guardians are entitled, by law, to your Clinical and/or Billing files and may request to have a copy for a \$20 fee. If clinically indicated, this office may only provide a summary instead. The office reserves the right to increase these fees for large records. Please allow 7-14 days for requests to be processed.

#### **4. The right to get a list of the disclosures this office has made**

You have the right to get a list of instances or occurrences in which this office has disclosed your PHI. This list, called an Accounting of Disclosures, will not necessarily include disclosures that are protected by law which allow this office anonymity. This office will respond to such Accounting of Disclosures request within 30 days of receiving the request. The list will include the date of the disclosure, to whom protected information was disclosed (including their address, if known), a description of the information disclosed, and the method. The list will be provided at no charge to you, however, if such list is requested more than once in the same year, this office will charge a \$20 fee for each request.

#### **5. The right to correct or update PHI**

If you (or if applicable, a legal guardian) believes that there is a mistake in the PHI this office maintains about you or that a piece of important information is missing, you have the right to request this office to correct the existing information is missing, you have the right to request this office to correct the existing information or add any missing information. The request and your reason must be in writing. This office will respond within 15 days of receiving any such request. We may deny the request if the PHI is (i) correct and complete, (ii) not created by a member of this office, (iii) not allowed to be disclosed, or (iv) not part of your records. This office will provide written denial with reason and instruct you how to file a disagreement with any such denial (if you so desire). If you provide this office with written request, you have the right to request that your original request, the denial letter by this office, and any written disagreement submitted by you, be attached to all future disclosures of your PHI. If this office approves your original request, we will append your request and write an approval letter, and both will be officially entered into your file.

#### **6. The right to get this notice by mail or e-mail**

You have the right to get this notice by mail or e-mail, or both. This notice may also be available on the website.

#### **7. The right to file a complaint**

You have the right to file a complaint about this office, regarding our privacy practices, if you believe your privacy rights have been violated. The regulating authority is: **Secretary of the Federal Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201**

For more information: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

This office of Visualize Your Life Counseling will not deny treatment or otherwise retaliate for any complaints filed.

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#### **G. If you have questions, disputes, or problems**

If you need more information or have questions about the privacy practices described above OR if you believe your privacy has been violated OR if you believe the way in which your PHI has been handled has been inappropriate, please contact the privacy officer.

**Brandi Garner, 9008 Elk Grove blvd., ste. #11, Elk Grove, Ca. 95624**

The effective date of this notice is April 20, 2012

#### **Privacy Officer**

Pursuant to 45 CFR 164.530(a)(1)(i), **Brandi S. Garner** is hereby designated as the Privacy Officer for this practice and such individual shall be responsible for developing and implementing this entity's health care privacy policies and procedures, including, but not limited to, receiving and handling patient requests for restrictions on uses and disclosures of protected health information ("PHI"); patient requests to inspect & receive a copy of their PHI; patient requests to receive accountings of disclosures; and, patient requests to amend their PHI.

#### **Contact Person**

Pursuant to 45 CFR 164.530(a)(1)(ii), **Brandi S. Garner** is hereby designated as the Contact Person for this practice and such individual shall be responsible for receiving complaints from patients concerning possible violations of their privacy rights.