



## SUMMARY OF THE NOTICE OF PRIVACY PRACTICES

Please review this summary explaining how medical information about you may be used and disclosed and how you can get access to this information.

**My commitment to your privacy:** My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am also required by law to keep your information private. These laws are complicated, but I must give you this important information. This summary is a shorter version of the full, legally required Notice of Privacy Practices.

**How I use and disclose your protected health information:** I will use the information I collect about you mainly to provide you with treatment, to arrange payment for my services, and for some other business activities that are called, in the law, health care operations. These reasons, in addition to some other uses and disclosures discussed in the full version of the Notice, DO NOT require your prior written consent or authorization. If I want to use or send, share, or release your information for other purposes, I will discuss this with you and ask you to sign an authorization form to allow this.

**There are some times when the laws require me to use or share your information. For example:**

- When there is a serious threat to your or another's health and safety or to the public. I will only share information with persons who are able to help prevent or reduce the threat.
- When I am required to do so by lawsuits and other legal or court proceedings, including for workers' compensation and similar benefit programs.
- When I believe a child, elder or dependent adult has been abused.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment.
2. You can ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but I may charge you for it.



4. You have the right to a copy of this notice. If I change this notice, I will post the new version in my office, and you can always find it on my website at [www.KPOcounseling.com](http://www.KPOcounseling.com).
5. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to me, Katie Plewa, PsyD. You must also tell me the reasons you want to make the changes.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me, Katie Plewa, PsyD, and/or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.
7. Please review the full, legal version of the Notice of Privacy Practices for more information on your rights.

Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise. If you have any questions about this notice or my health information privacy policies, please do not hesitate to ask. *The effective date of this summary of the Notice of Privacy Practices is July, 2016.*

