

Kimberly Bartz, PLLC

Notice of Privacy Act: Health Insurance Portability and Accountability Act (HIPAA)

I understand that information about you and your mental health is personal, and I am committed to protecting that. I create record(s) of the care and service that you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care generated by Kimberly Bartz, LMSW.

I am required by law to:

- Make every reasonable effort to keep mental health information that identifies you private
- Display and/or provide a copy of this notice of my legal duties and privacy practice with respect to mental health information about you
- Follow the terms of the notice that are currently in effect

This notice describes how mental health information about you may be used and disclosed, and how you can get access to this information. Please review carefully.

Uses and Disclosures: I use mental health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. Information may be shared by mail, fax, or other methods. I may use or disclose identifiable mental health information about you without your authorization in several situations, but beyond those situations, I will ask for your written authorization before using or disclosing any identifiable mental health information about you.

For payment: I may use and disclose mental health information about you so that the treatment, products, and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, I may need to give your mental health plan information about therapy you received so your mental health plan will pay me or reimburse you for the therapy.

Appointment reminders: I may use mental health information to contact you as a reminder that you have an appointment with me.

My Legal Duty: I am required by law to protect the privacy of your information, provide this notice about my information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before I make a significant change in my policies, I will change my notice and provide you with a copy of the new policies.

For more information about my privacy practices, contact me as detailed below.

Complaints: If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me. You may also send a written complaint to the Bureau of Health Services of Michigan. Contact me for their specific address.

Uses and Disclosures of Protected Mental Health Information: The following are examples of the types of uses and disclosures of your protected mental health information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

Treatment: I will use and disclose your protected mental health information to provide, coordinate, or manage your mental health care services.

Payment: Your protected mental health information will be used, as needed, in activities related to obtaining payment for your mental health care services.

Child Abuse and Neglect: If a therapist knows or suspects that a child under 18 years of age, or a mentally retarded, developmentally disabled, or physically impaired person under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuses or neglect, s/he is required by law to report that knowledge or suspicion to the Michigan Dept. of Children's Protective Services Agency.

Serious Threat to Health or Safety: If a therapist believes that you pose a clear and substantial risk of imminent serious harm to yourself or others, s/he may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against harm.

As Required by Law: As a therapist, I will release information about a client when required by law, as in to law enforcement or for national security purposes, subpoenas or court orders, communicable diseases, disaster relief, and other emergencies.

Authorizations: If I have written authorization from or on behalf of a client to do so, I may use and disclose mental health information about that client. If a client gives me a written authorization in the form of a Release of Information, the client has the right to change her/his mind and revoke that authorization at any time.

Client Rights:

- **Right to request restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you.
- **Right to receive confidential communications by alternative means and at alternative locations:** You have the right to request and receive confidential communications of mental health information by alternative means and at alternative locations. For example; if you don't want family members to know you are seeing a therapist, you can have your bills sent to another address.
- **Right to inspect and copy:** You have the right to inspect and/or obtain a copy of your or your minor child's, mental health information and psychotherapy notes.
- **Right to amend:** You have the right to request an amendment of your mental health information if you believe that it has been recorded in an incorrect fashion.
- **Right to an accounting:** You generally have the right to receive an accounting of disclosures I may have made for purposes other than treatment, payment or mental healthcare operations. It excludes disclosures I may have made to you, for a faculty directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- **Right to a paper copy:** You have the right to obtain a paper copy of the Privacy Notice from me upon request, even if you have agreed to receive the Notice electronically.

Printed Name of Patient

Signature of Responsible Party

Date