

Cheryl Hall, LMFT, LMAC at New Leaf Therapy Center, LLC  
1204 B SE Louis Blvd., Mulvane, KS 67110  
240 N. Rock Rd. Wichita, Kansas 67206  
P: (316) 409-7857  
compassioncounseling@outlook.com

## NOTICE OF PRIVACY PRACTICES

THIS INFORMATION DESCRIBES HOW INFORMATION ABOUT YOUR FILE MAY BE USED.

### PLEASE REVIEW IT CAREFULLY.

**Understanding Your File Information** Each time you visit your therapist a record of your visit is made by your therapist. This record contains your symptoms, diagnoses, goals, treatment plan, and treatment. This information is recorded in your client file and serves as a:

- Basis for planning your care and treatment.
- Means of communication among professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were provided.
- Source of data for facility planning and marketing.
- Tool with which we can assess and work to improve the care we give.

*Understanding what is in your file and how this information is used helps you to:*

- Better understand who, what, when, where, and why others may access your information.
- Make more informed decisions when authorizing disclosures to others.

**Your Health Information Rights** Your file contains your treatment record with your therapist at 1204 B SE Louis Blvd. Mulvane, KS 67110. *Except as your therapist is required by law*, you have the right to:

- Request a restriction on certain uses and disclosures of your information.
- Receive *an additional* paper copy of this Notice of Privacy Practices upon request.
- Revoke your authorization to use or disclose file information except for supervisory purposes or to the extent that action has already been taken or as required by law.

**Your Therapist's Responsibilities** Your therapist is required to:

- Maintain the privacy of your file information.
- Provide you with a notice of our legal duties and privacy practices with respect to information your therapist collects and maintains about you.
- Abide by the terms of this Notice of Privacy Practices.
- Accommodate reasonable requests you may have to communicate file information.
- Notify you if your therapist is unable to agree to a requested restriction.
- We reserve the right to change our Notice and to make the new provisions effective for all protected file information we maintain. Should our information practices change, we will display the revised Notice and provide printed copies of the revised Notice upon request.

We will not use or disclose your file information without your authorization, except as described in this Notice or as required by law.

**For More Information or to Report a Problem** If you have questions or would like additional information regarding this Notice of Privacy Practices, you may contact your therapist at 316-409-7857. If you believe that your privacy rights have been violated, you can file a complaint with the Kansas Behavioral Sciences Regulatory Board. All complaints must be made in writing to the KSBSRB, 700 SW Harrison St. Ste. 420, Topeka, KS 66603-3929 or refer to their website at [www.ksbsrb.org](http://www.ksbsrb.org) for more information.

### **Examples of Uses or Disclosures**

*We will use your file information for treatment:*

1. Information obtained during the course of your treatment will be recorded in your file and presented to your therapist's supervisor and/or members of your therapist's supervision group.
2. When therapy occurs during appointments with your family, file information may be disclosed in these settings unless you request otherwise.
3. File information may be disclosed for the purpose of providing medical treatment in emergency situations.

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- *We will use your file information for payment:* A bill may be sent to you or to a third-party payer for payment. The information on or accompanying the bill may include information that identifies you and the services you received.
- *We will use file information for training:* Your therapist will use files to assess the training, care, and outcomes of their cases. This information will then be used in an effort to improve the quality and effectiveness of the training and services we provide. We will balance our training needs with your need for privacy. Your therapist may, however, disclose file information about you to their post-graduate supervisor. This information will not contain your name, address, or other information that reveals who you are unless you give your permission.
- *Abuse and Neglect:* Your therapist will disclose your information to public authorities as required by law to report child/elder abuse or neglect.
- *Phone and Mail Contact:* If your therapist contacts you by mail, the return address will be to your therapist at New Leaf Therapy Center, LLC/Compassion Counseling, LLC. If this contact is made by phone, your therapist's number may display on caller identification systems. Your therapist may also leave a reminder on your answering machine or voice mail system unless directed otherwise.
- *General, Non-therapy Associations:* There are some services, classes, and trainings provided in our office building. To protect your file information, we require anyone coming into contact with the therapy suite's section of the building to sign an Acknowledgement Statement that they have read our Confidentiality Policy and agree to abide by it.
- *Emergencies:* Your therapist may use or disclose file information to notify or assist in notifying a family member, personal representative, or another person responsible for your care in an emergency situation.
- *Health Oversight Activities:* Your therapist may disclose file information to a health oversight agency for activities authorized by law. These activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- *Judicial/ Administrative Proceedings:* Your therapist may disclose your file information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a valid court order.
- *Law Enforcement:* Your therapist may disclose file information for law enforcement purposes as required by law or in response to a valid court order.
- *Military and Veterans:* If you are a member of the armed forces, your therapist may release your file information as required by military command authorities. They may also release file information about foreign military personnel to the appropriate foreign military authority if authorized or compelled.
- *National Security and Intelligence Activities:* Your therapist may release your file information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- *Protective Services for the President and Others:* Your therapist may disclose your file information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- *Public Health:* As required by law, your therapist may disclose your file information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- *Research:* Your therapist may disclose information to researchers when their research has been approved by an institutional review board that has evaluated a proposed research project and its use of file information. One of the responsibilities of the institutional review board is to balance the research needs with the consumers' need for privacy. They may, however, disclose file information about you to people preparing to conduct a research project, for example to help them look for clients with specific needs, as long as the file information they review does not leave the therapy suites. This information will not contain your name, address, or other information that reveals who you are unless you give your permission.
- *Treatment alternatives:* Your therapist may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Other Uses of File Information**

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Other uses and disclosures of health information not covered by this notice or the laws that apply to your therapist will be made only with your written authorization, which may be revoked at any time.

Example 1: Your therapist will obtain your authorization before we disclose file information to family members, except in family therapy sessions as previously described.

Example 2: Your therapist will obtain your authorization before we disclose file information to your Primary Care Physician.

**Your Rights With Respect to Your Health Information**

You have the following rights regarding your health information that your therapist maintains:

- *Right to Request Restrictions.* You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on your therapist's disclosure of your health information to someone involved in the payment of your care. However, your therapist is not required to agree to your request. If you wish to make a request for restrictions, please discuss this with your therapist.
- *Right to Receive Confidential Communications.* You have the right to request that your therapist communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that your therapist only communicate with you at a certain telephone number or by e-mail. If you wish to receive confidential communications, please make your request in writing to your therapist at 1204 B SE Louis Blvd, Mulvane, KS 67110. Your therapist will attempt to honor your reasonable requests for confidential communications.
- *Right to Inspect and Copy Your Health Information.* You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to your therapist at 1204 B SE Louis Blvd, Mulvane, KS 67110.
- *Right to Amend Your Health Information.* If you believe that your health information records are inaccurate or incomplete, you may request that your therapist amend the records. That request may be made as long as the information is maintained by your therapist. A request for an amendment of records must be made in writing to your therapist at 1204 B SE Louis Blvd, Mulvane, KS 67110. Your therapist may deny the request if it does not include an appropriate reason to support the amendment. The request also may be denied if your health information records were not created by your therapist or if the health information you are requesting to amend is not part of your therapist's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if your therapist determines the records containing your health information are accurate and complete.
- *Right to an Accounting.* You have the right to request a list of disclosures of your health information made by your therapist for any reason other than for treatment, payment or health operations. The request must be made in writing to your therapist at 1204 B SE Louis Blvd, Mulvane, KS 67110. The request should specify the time period for which you are requesting the information, but may not start earlier than January 1, 2013. Accounting requests may not be made for periods of time going back more than six (6) years.
- *Right to a Paper Copy of this Notice.* You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact your therapist at 1204 B SE Louis Blvd, Mulvane, KS 67110.