

**Kress Psychological Services, LLC**

**3021 E. 98<sup>th</sup> Street, Suite 180**

**Indianapolis, Indiana 46280**

**Telephone: 317-912-1500**

**Fax: 317-669-0541**

**[www.kresspsychology.com](http://www.kresspsychology.com)**

**Notice of Privacy Practices For Protected Health Information**

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

This notice became effective on April 13, 2003 and pertains to all protected health information as defined by federal regulations.

I, Dr. Fiona J. Kress at Kress Psychological Services, LLC, am required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of your privacy rights and my legal duties and privacy practices with respect to your PHI. I am required to abide by the terms of this notice with respect to your PHI but reserve the right to change the terms of this notice and make the new notice provisions effective for all PHI that I maintain. At your request, I will provide you with a copy of any revised Notice of Privacy Practices by mailing the revised copy to you or giving the revised copy to you at your next appointment.

**Understanding Your Health Information**

Each time you visit Kress Psychological Services, LLC a record of your visit is made. Typically, this record contains your concerns, symptoms, any test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the health 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 actually provided.
- A source of data for research on the population served.
- Tool with which Dr. Kress can assess and continually work to improve the care rendered and the outcomes achieved.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of Kress Psychological Services, LLC, the information belongs to you. You have the following privacy rights:

- The right to request restrictions on the use and disclosure of your PHI to carry out treatment, payment, or health care operations. You should note that I am not required to agree to be bound by any restrictions you request but am bound by each restriction that I do agree to.
- The right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- The right to inspect and obtain a copy of your PHI that is contained in mental health and billing records used to make patient decisions for as long as the PHI is maintained. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed.
- The right to amend your PHI for as long as the PHI is maintained in the record. In certain cases, your request for an amendment may be denied. If I deny your requested amendment, I will provide you with written notice of my decision and the basis for my decision. You will then have the right to submit a written statement disagreeing with my decision which will be maintained with your PHI. If you do not wish to submit a statement of disagreement, you may request that I provide your request for amendment and my denial with any future disclosures of your PHI.
- The right to receive an accounting of disclosures of PHI. Upon your request, I will discuss the details of the accounting process.
- The right to obtain a paper copy of this notice of privacy practices upon request.
- The right to pay out-of-pocket for a service and the right to require that I not submit PHI to your health plan.
- For records maintained electronically, the right to receive a copy of your PHI in an electronic format and to direct in writing that a third party receive a copy of your PHI in an electronic format.
- The right to be notified of a breach of your unsecured PHI.

## Uses and Disclosures

I may use your PHI for treatment, payment, and health care operations purposes with your written authorization. It is my policy to protect the confidentiality of your PHI to the best of my ability and to the extent permitted by law. There are times, however, when use or disclosure of your PHI is permitted or mandated by law even without your authorization. Situations where I am not required to obtain your consent or authorization for use or disclosure of your PHI include the following circumstances:

- By myself or my office staff for treatment, payment, or health care operations as they relate to you.
- To Business Associates under a written agreement requiring Business Associates to protect the information. Business Associates are entities that assist with or conduct activities on my behalf including individuals or organizations that provide legal, accounting, administrative, and similar functions.
- In the event of an emergency, your PHI may be used or disclosed to any treatment provider who provides emergency treatment to you and to a family member or another person responsible for your care.
- If there is reason to believe that a child may be a victim of child abuse or neglect, then this information must be reported to the appropriate authorities.
- If there is reason to believe than an individual is an endangered adult, this information must be reported to the appropriate authorities.
- If there is reason to believe that you present an imminent, serious risk for physical harm or death to yourself or a reasonably identified victim/victims, then I may need to disclose information to protect you and others.
- By law requirements, your PHI may be disclosed to public health authorities related to disease; for law enforcement purposes; to a coroner, medical examiner, or funeral director; and to comply with laws related to worker's compensation or disability.
- To defend myself in a legal action or other proceeding brought by you against me.
- To a health oversight agency for oversight activities authorized by law as they may relate to me.
- In legal proceedings when a court order for your PHI exists.
- When required by the Secretary of the Department of Health and Human Services in an investigation to determine my compliance with the privacy rules.

## **Questions and Complaints**

I, Dr. Kress, am the designated Privacy Officer for Kress Psychological Services, LLC and will be glad to respond to your questions, request for information, or concerns about your privacy rights. You have the right to complain to Dr. Kress if you believe your privacy rights have been violated. You may submit your complaint in writing to Fiona J. Kress, Ph.D., HSPP, 3021 E. 98<sup>th</sup> Street, Suite 180, Indianapolis, IN 46280. If your concerns are not resolved by Dr. Kress, then you may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Upon request, I can provide you with the appropriate address. I am prohibited by law from retaliating against you in any way for filing a complaint with me or Health and Human Services.