

David Barton, MA, LPC

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NOTICE OF PROVIDER PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I am required to tell you about privacy because of a federal law, called the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me to keep your protected health information (PHI) private and to give you this notice about my legal duties and privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to the entire PHI I keep. I will inform you of any changes that occur to this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

The privacy of your health information is important to me. I will maintain the privacy of your health information and I will not disclose your information to others unless you tell me to do so, or unless the law requires me to do so.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

For Treatment: Your health information will be used in your treatment with your clinician. However, I may not disclose this health information to other health care providers involved in your treatment without your written authorization.

For Payment: I may use or disclose health information to bill your insurance plan and to receive payment for the services you received. I will request your written authorization to do so.

For Health Care Operations: I may not use and disclose health information in connection with my health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities without your written consent.

Psychotherapy Notes: Notes recorded by your clinician documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.

Other Uses and Disclosures: Uses and disclosures of your health information other than those described above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send health information to an attorney, school, or life insurance company. You may revoke any such authorization at any time.

PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

I may use and disclose health information without your written authorization, excluding Psychotherapy Notes, for certain purposes as described below. The examples provided here are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

Required or Permitted by Law: I may use or disclose health information when I am required to do so by law. For example, I may disclose health information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

I may disclose health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access health information; disclosures to judicial and law enforcement officials in response to a court order or

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other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

YOUR INDIVIDUAL RIGHTS

Right to inspect and Copy: You may request access to your medical record and billing record maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record may not be accessible to you according to state laws.

Right to Alternative Communications: You may request, and I will accommodate, any reasonable written request for you to receive health information by alternative means of communication or at alternative locations.

Right to Request Restrictions: You have the right to request a restriction on health information used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. I am not required to agree to any such restriction you may request.

Right to Accounting of Disclosures: Upon written request, you may obtain an accounting of certain disclosures of health information made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

Right to Request Amendment: You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.

Right to Obtain Notice: You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Officer at any time.

Questions and Complaints: If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the Privacy Officer (David Barton, 314.328.4345). You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or myself.

EFFECTIVE DATE AND CHANGES TO THIS NOTICE

This Notice is effective on August 1, 2018. I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all health information that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will make the revised notice available on my website. You may also obtain any revised notice by contacting the Privacy Officer.

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PROVIDER PRIVACY PRACTICES ACKNOWLEDGEMENT

I HAVE RECEIVED A COPY OF THE NOTICE OF PROVIDER PRIVACY PRACTICES.

I HAVE HAD THE OPPORTUNITY TO DISCUSS ANY QUESTIONS I HAVE ABOUT THIS INFORMATION.

Client/Guardian Name: _____

Date of Birth: _____

Client/Guardian Signature: _____

Date: _____