

The Roots of Healing Karen Davis, LCSW New Patient Forms

Notice of Policies and Practices to Protect the Privacy of Your Health Information

Welcome to the Roots of Healing, the Homeopathy and Psychotherapy practice of Karen Davis, LCSW. This notification contains important information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that guarantees certain protections and rights to clients with regard to their personal information. The law requires that each client signs an acknowledgement that they have reviewed the information presented in this notification which describes the nature and limits of these protections.

1. Uses and Disclosures Requiring Authorization

I may use or disclose PHI (personal health information) for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing the information.

You may revoke all such authorizations (of PHI or other information) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

2. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, I must immediately report such condition to the Department of Social Services.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an elder person (age 60 or older) is suffering from or has died as a result of abuse, I must immediately report this.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for your information about your treatment and the records thereof, such information is privileged under the law and I will not release information without written authorization from you or your legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, I must take reasonable precautions. Reasonable precautions may include warning the potential victim and notifying law enforcement.

Furthermore, if you present a clear and present danger to yourself I must contact your physician and may contact members of your family or other individuals if it would assist in protecting you.

- Complaint or Lawsuit: If a client files a complaint or lawsuit against me, I may disclose relevant information about the client in order to defend myself.
- Worker's Compensation: If you file a worker's compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Worker's Compensation.

3. Client's Rights and Homeopath's Duties:

Client's Right:

- Right to Request Restrictions – you have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction your request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – you have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. Upon your request, I will send any communications to you to another address.
- Right to Inspect and Copy – you have the right to inspect or obtain a copy of PHI and notes as long as the PHI is maintained in the record.
- Right to Amend – you have the right to request an amendment of PHI for as long as the PHI is maintained in the record.
- Right to a Paper Copy – you have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Karen's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide the terms currently in effect.
- If I revise my policies and procedures, I will present you with a new notice form.

4. Questions

If you have any questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please consult with me.

Acknowledgement of Receipt of Notice of Privacy Practices

Karen Davis, LCSW
The Roots of Healing
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I acknowledge that I have received, either electronically or in print, a copy of the Notice of Privacy Policy Practices and I have reviewed it.

Signed: _____ Date: _____

Print name: _____

Telephone number: _____

If not signed by client, please indicate relationship:

- Parent or guardian of client that is younger than 18 years old
- Guardian or conservator of an incompetent client

If parent or guardian, name of client: _____