
PRIVACY AND CONFIDENTIALITY: HIPAA (REQUIRED)

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

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how Angela Ficken, LICSW may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

HOW ANGELA FICKEN, LICSW MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: Angela Ficken, LICSW may share your personal health information with other designated treatment providers including doctors, nurses, registered dietitians, case managers, and treatment facilities involved in your care for any/all of the following: coordination of care; care quality improvement; case management; customer service evaluation/improvement. This includes consultation with clinical supervisors or other treatment team members.

For Payment: Progress Wellness, LLC may use and disclose your personal health information so that payments can be received for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

As a social worker licensed in this state and as a member of the National Association of Social Workers, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization.

Without Authorization

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

- **Child Abuse or Neglect:** Angela Ficken, LICSW may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- **Medical Emergencies:** Angela Ficken, LICSW may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Angela Ficken, LICSW will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- **Duty to Warn and Protect:** When a client discloses intentions or a plan to harm another person, as a mental health professional, Angela Ficken, LICSW is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, mental health professionals are required to notify legal authorities and make reasonable attempts to notify the family of the client.
- **Verbal Permission:** Angela Ficken, LICSW may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

By signing below, I acknowledge that I have read, understand, and agree to the above policy.

Printed Name: _____

Signature: _____

Today's Date: ____/____/____

Parent/legal guardian signature is required for any patient under 18 years of age.

Printed Name: _____

Signature: _____

Today's Date: ____/____/____

To learn more about Health Information Privacy, please visit <http://www.hhs.gov/ocr/privacy/hipaa/understanding.index.html>