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**OHIO NOTICE OF PSYCHOLOGISTS' POLICIES AND PRACTICES
TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION**

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

I. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.

- *Treatment, Payment and Health Care Operations*

Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.

Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility of coverage.

Health Care Operations are activities that relate to the performance and operation of my practice.

Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

- "Use" applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures of PHI Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes I am required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. An "authorization" is written permission above and beyond the consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payments and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided that each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest this claim under the policy.

III. Uses and Disclosure of PHI Not Requiring Consent nor Authorization

The law provides that I may use/disclose your PHI from mental health records without consent or authorization in the following circumstance:

Child Abuse: If, in my professional capacity, I know or suspect that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, I am required by law to immediately report that knowledge or suspicion to the Ohio Public Children Services Agency, or a municipal or county peace officer.

Adult or Domestic Abuse: If I have reasonable cause to believe that an adult is being abused, neglected or exploited, or is in a condition which is the result of abuse, neglect or exploitation, I am required by law to immediately report such belief to the County Department of Job and Family Services.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis or treatment and the records thereof, such information is privileged under state law and I will not release this information without written authorization from you or your persona or 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 I believe that you pose a clear and substantial risk of imminent serious harm to yourself or another person, I may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to me an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and I believe you have the intent and ability to carry out the threat, then I am required by law to take one or more of the following actions in a timely manner: (1) take steps to hospitalize you on an emergency basis, (2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, (3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: (a) nature of the threat, (b) your identity, and (c) the identity of the potential victims(s).

Worker's Compensation: If you file a worker's compensation claim, I may be required to give your mental health information to relevant parties and officials.

IV. Patient's Rights Regarding Your Protected Health Information

You have the following rights relating to your PHI:

To request restrictions on uses/disclosures: You have the right to ask that I limit how I use or disclose your PHI. I will consider your request, but am not legally bound to agree to the restriction. To the extent that I do agree to any restrictions on our use/disclosure of your PHI, I will put the agreement in writing and abide by it except in emergency situations. I cannot agree to limit uses/disclosures that are required by law.

To receive confidential communications by alternate means and at alternate locations: For example, you may not want other family members to know that you are seeing me. Upon your request, I will send your bills to another address.

To inspect and request a copy of your PHI: Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. If I deny your access, I will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in my record of your PHI, you may request, in writing, that I correct or add to the record. I may deny the request if I determine that the PHI is (1) correct and complete; (2) not created by me and/or not part of my records; or (3) not permitted to be disclosed. Any denial will state reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If I approve your request for amendment, I will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

To a paper copy: You have right to receive a paper copy of this Notice and/or electronic copy by email upon request. It is also available on my website at www.chriskaepner.com.

V. Psychologist'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 by the terms currently in effect.
- If I revise my policies and procedures, I will notify you in writing and provide a written copy of my revised policies and procedures either in person, by mail, or by email.

VI. Complaints

If you think that I may have violated your privacy rights, or you disagree with a decision I make about access to your PHI, you may discuss the situation with me free of charge. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. I will provide you with the appropriate address upon request.

VII. Effective Date

This notice is effective on November 1, 2006.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail or by email.

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SIGNATURE SHEET

I have received, understand and agree to the provisions of a copy of the Notice of Privacy Practice for the office of Christopher Kaepner, Ph.D.

Client Name

Date of Birth

Signature of Patient, Parent or Guardian

Relationship

Date