Notice of Privacy Practices
Effective 07/01/2024

Lighthouse Child & Family Therapy, LLC
Contact: Katrina J. Jones, M.S., LCMFT, RPT

USE AND DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION (PHI)

Your PHI will not be used or disclosed for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time per your written request.

- *Health Care Provider* - PHI may be used and disclosed to your physician or other healthcare provider who is also treating you.
- *Payment* - Your PHI may be used and disclosed to your health insurance plan or other third party for payment of services provided for you.
- *Health Care Operations* - Your PHI may be used and disclosed to contractors (such as a billing agent) for the purpose of obtaining insurance eligibility, billing health insurance, and inquiring about claim status.
- *As Law Requires* - Your PHI may be used and disclosed to any person required by federal, state, or local laws to have lawful access to your treatment program.
- *Court orders, Judicial and Administrative Proceedings, and Law Enforcement* - Your PHI may be disclosed as part of a court proceeding, in response to a subpoena, or in other situations required by law.
- *Appointment Reminders or Cancellations* - You may be enrolled to receive automatic reminders for appointments, and the system is unable to determine if it is you that answers the phone.
- *Victims of Abuse, Neglect, or Domestic Violence* - Your PHI may be used or disclosed to authorized persons from state agencies in cases of disclosures required by applicable state laws governing abuse, neglect, criminal activities, threats to the health or safety of the client and others, domestic violence, etc. In the case of minor children, the law requires such information to be disclosed.
- *Event of an Emergency* - Your PHI may be disclosed to a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, you will be given an opportunity to object. If you object or are not present or are incapable of responding, your PHI will be used or disclosed in your best interest at that time. In so doing, only aspects of your PHI that are necessary for response to the emergency will be used or disclosed.

CONFIDENTIALITY

In general, the privacy of all communications between a patient/client and a mental health provider is protected by law, and I will typically only release information about our work together with your permission. However, there are a few exceptions mentioned in the section above which are further explained below.

There are times when I receive a subpoena to release a client's records for court-related purposes, and/or to appear in court to testify about my work with the client. If this is ordered by a judge, I must comply with the request. However, please know that it is stated within my code of ethics that I cannot provide recommendations regarding custody or visitation matters. (If this is one of the reasons you are seeking therapy, I will direct you to a professional who provides such evaluations).

There are also some situations in which I am legally obligated to take action to protect others from harm, even if I am required to disclose some information about a patient's treatment. For example, if I have reason to suspect that a child under the age of 18, or an elderly person, is being abused, neglected, or otherwise mistreated, I am required to file a report with the appropriate state agency, and/or take other actions, which may violate confidentiality.

If I believe that a patient is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. In order to provide you therapy, I do require that you maintain an emergency contact on file.

I may occasionally find it helpful to consult other professionals about a case. Upholding professional standards, should I find this necessary I will not divulge any identifying information such as your name, location, or specific age. Unless you prefer otherwise, I typically will not tell you about these consultations unless I feel that it is important to our work together. However, I am very willing to discuss this contact at your request.

PATIENT RIGHTS REGARDING PHI

- With limited exceptions, you can make a written request to inspect your PHI that is maintained by me for my use as your therapist. Your PHI includes basic information about your diagnosis, treatment dates, treatment plans, intake and termination summaries. Psychotherapy notes are not considered part of the client record and may be exempt from this ruling.
- Requested copies of any PHI information will be provided at the cost of $.25 per page. You must make a written request to have your PHI communicated with you by alternative means at an alternative location. (An example would be if your primary language is not spoken and a child for whom you have lawful custody is being treated). Your written request must specify the alternative means and location.
- You can make a written request that restrictions be placed on other ways your PHI is used or disclosed. Any or all of your restrictions may be denied. If the restrictions are agreed to, they will be abided by in all situations except those in which professional judgment constitutes an emergency.

- You can make a written request that your PHI be amended. If approved, your records will be changed accordingly. Notification will also be made to anyone else who may have received this information and anyone else of your choosing.
- If denied, you can place a written statement in your records disagreeing with the denial of your request.

FOR QUESTIONS, CONCERNS OR COMPLAINTS

- As a mental health professional licensed by the State of Kansas through the Behavioral Sciences Regulatory Board (BSRB), I am committed to practicing in accordance with the ethics of my profession. You may contact the BSRB and/or the secretary of the United States Department of Health and Human Services with questions or to register complains about any licensed mental health professional.