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NOTICE OF PRIVACY PRACTICES
Effective September 1, 2003

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

Key Issues

Uses and Disclosures: We use health information about you for treatment and to obtain payment for treatment. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose identifiable health information about you without your authorization in several situations (see Further Details below), but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you.

Your rights: In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we will charge you only normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

Our legal duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact Kenneth J. Renfrow, LPCC, 740-592-5689.

Complaints: If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may address the issue with Mr. Renfrow. You also may send a written complaint to the Secretary of Health and Human Services. Mr. Renfrow will provide you with the appropriate address upon request. The provider will not retaliate in any way if a complaint is filed regarding privacy rights violations.

Further Details

Uses and Disclosures of Protected Health Information: Following are examples of the types of uses and disclosures of your protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health insurance company to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record.

Purposes for which we are required or permitted to disclose your health care information without your consent or authorization:

- **Public Health:** for public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease.
- **Health Oversight:** to a health oversight agency for activities authorized by law, such as audits.
- **Abuse or Neglect:** to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.
- **Food and Drug Administration:** as required by the Food and Drug Administration to track products.
- **Legal Proceedings:** if your protected health care information is court ordered.
- **Law Enforcement:** such as pertaining to victims of a crime or to prevent a crime.
- **Soldiers, Inmates, and National Security:** to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate sharing protected health information.

- **Workers' Compensation:** to comply with workers' compensation laws. Compliance: to the Department of Health and Human Services to investigate our compliance.

Additional uses and disclosures will be made only with your written authorization and you have the right to revoke your authorization.

Your Rights

You have the right to:

- inspect and copy your protected health information, as long as that information was not compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action proceeding.
- request a restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we document these restrictions and abide by them.
- request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.
- amend your protected health information. This right is limited, however, if the information is deemed accurate and complete.
- receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes.
- obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Acknowledgement of Policies and Procedures

I have read Mr. Renfrow's office policies and procedures. If there is any aspect of them that I do not understand or consent to, I will discuss them with Mr. Renfrow in our initial session.

Client (or guardian if the client is under 18)

Date

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of Mr. Renfrow's Notice of Privacy Practices

Client (or guardian if the client is under 18)

Date