



102 S. Van Buren St Abilene, KS 67410  
785-992-0275

## HIPPA NOTICE OF PRIVACY PRACTICES

Tracie Schardein LLC dba Guided Growth Counseling Center (the "Practice") is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information ("PHI"), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this "Notice"), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain. 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. This notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information "Protected Health Information" is information about you, including demographic information that may identify you and that is related to your past, present or future physical or mental health or condition related health care services.

Please note that we reserve the right to change the terms of this Notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with us. If/when our policy changes, we will change this Notice and post a new copy of it in on our website ([myguidedgrowth.org](http://myguidedgrowth.org)). You may also email us at [tracie@myguidedgrowth.org](mailto:tracie@myguidedgrowth.org) to request a copy of this Notice.

### **Uses and Disclosure of Protected Health Information**

Your protected health information may be used and disclosed by therapists and others outside our office that are involved in your treatment and care for the purpose of providing health care services to you, to pay your health care related costs, to support the operation of the therapist's practice as necessary, and any other use required by law.

### **Treatment**

We will use and disclose your protected health information as necessary to provide, coordinate or manage your health care and any related services. This includes the coordination of management of your healthcare with a third party. For example, we would disclose your protected healthcare information as necessary, to a home health agency that provides care to you, or your protected health information may be provided to a physician to whom you have referred to ensure that the physician has the necessary information to diagnose or treat you. We may use your PHI to provide you with mental health treatment, including discussing or sharing your PHI with supervisors or interns. We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, we may disclose your PHI to them in order to coordinate your care.

### **Payment**

Your protected health information will be used as needed to obtain payment for your healthcare services. For example, obtaining approval for a hospital stay or a higher level of treatment may require that your relevant protected health information be disclosed to the health plan you obtain approval for admission. We may provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for our office, as well as collection agencies.

### **Healthcare Operations**

We may use or disclose as needed, your protected health information to support the business activities of your therapist's practice. These activities include but are not limited to quality assessment activities, licensing, marketing, and conducting or arranging for other business activities. For example, we may disclose your protected health information as necessary to contact you to remind you of your appointment. We may use or disclose your protected health information in the following situations without your authorization: communicable diseases, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement and if you present a threat to yourself or to others.

Other permitted and required uses and disclosures will be made only with your consent, authorizations and opportunity to object unless required by law. You may revoke this authorization at any time in writing except to the extent that your therapist or the therapist's practice has taken an action in reliance on the use of disclosure indicated in authorization.

### **Other Reasons**

If we deem that you are a danger to yourself or others.

If you disclose abuse or neglect of a child, a vulnerable/dependent adult, an elderly person, or animal.

If disclosure is compelled or permitted by the fact that you tell us of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

If you disclose that a previous therapist abused you.

If ordered by the court to disclose information.

When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.

For Workers' Compensation purposes. We may provide PHI in order to comply with Workers' Compensation laws.

If disclosure is otherwise specifically required by law.

### **Your Rights**

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice at the address noted below.

#### **To inspect and copy PHI**

- You can ask for an electronic or paper copy of PHI. The Practice may charge you a reasonable fee.
- The Practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

#### **To amend PHI**

- You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.
- The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

#### **To request confidential communications.**

- You can ask the Practice to contact you in a specific way. The Practice will say "yes" to all reasonable requests.

To limit what is used or shared

- You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer.
- You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

#### **To obtain a list of those with whom your PHI has been shared**

- You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.

#### **To receive a copy of this Notice**

- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

#### **To choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

#### **To file a complaint if you feel your rights are violated**

- You can file a complaint by contacting the Practice using the following information:

Guided Growth Counseling Center

Attn: Tracie Schardein

102 S. Van Buren St Abilene, KS 67410

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

- The Practice will not retaliate against you for filing a complaint.

### **Our Responsibilities**

- The Practice is required by law to maintain the privacy and security of PHI.
- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law. Kansas law provides additional confidentiality protections in some circumstances. Under K.S.A. 45-221 a public agency generally may not be required to disclose psychiatric, alcoholism or drug dependency treatment records which pertain to identifiable information without your

specific authorization for release. For more information on Kansas law related to these and other specially protected records, please refer to the Kansas Statutes or contact private counsel of your choice.

- The Practice reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or by viewing a copy on the website [myguidedgrowth.org](http://myguidedgrowth.org).
- The Practice will inform you if PHI is compromised in a breach.

This Notice is effective 7/22/2024.