



Notice of Privacy Practices, Rights and Responsibilities

*Katie Nissly, MSW, LICSW is the owner of Deeper Knowing, LLC, a Minnesota Limited Liability Company
(612) 208-3129 www.deeperknowing.com*

YOUR RIGHTS AS A CLIENT

YOUR RIGHT TO PRIVACY AND CONFIDENTIALITY

This notice of privacy practices describes how information I maintain about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I follow the privacy provisions of state and federal laws and rules and of my profession's ethical standards. You have the right to know, through discussion with me and in writing, my policies and practices regarding the uses and protection of the information you will share with me and the limitations of privacy of your information. I may make changes in my policies and practice but if I do, I will inform you. If you would like a hardcopy of this handout, you can request one at any time.

The information I collect from you is needed for providing evaluation and treatment. I will inform you of the consequences, if any, of refusing to supply information I request. If you choose to not supply such information, I may be unable to determine which services are most appropriate for you and it will make it more difficult for me to carry out an effective treatment plan for you.

Your treatment record is accessible only to me and to personnel whom I have authorized to help me provide services to you. Your record includes your assessment, treatment plan, progress notes, psychological test reports, psychiatric and other medical reports, and discharge summary.

Your billing record is accessible only to me and to personnel whom I have authorized to perform billing services for you. I provide the following information to my billing system (IvyPay) in order to charge the credit card placed on file: client name, phone number, appointment date & time, and (sometimes) CPT code or type of service.

I do not have a contract with your insurance plan, since I do not accept insurance payments. It is your choice whether or not to request Out of Network reimbursement from your insurance company. If you request that your insurance company reimburse for my services, I will share only the minimum information necessary for your insurance company to reimburse you. If your insurance company requires further information, I will first consult you about your insurance company's request and assist you in making an informed decision regarding what, if anything, you wish to be released.

You have the right to request restrictions on personal health care information that I routinely disclose for purposes of treatment and payment. If, in my professional judgment, the restriction you request could be harmful to you (for example, prevent my ability to provide adequate services to you) I will inform you when I cannot agree to any such restriction you may request.

All personnel – counseling, support or billing – whom I authorize to have access to your health care information in this office will limit their access to and use of your health care information to the minimum necessary to fulfill their authorized respective functions for treatment and payment services. They have agreed to abide by the privacy and security practices of this office.

Please be aware that, although I take every possible precaution to protect your privacy, I cannot guarantee the privacy of communication via cell (including text) or phone or via email because of the insecure nature of the technology. I may use email to communicate with you in between our office appointments, but will limit this communication to scheduling/rescheduling appointments and sharing resources. I also do not "friend" my clients on social networking sites.

Other than the routine disclosures noted above which are necessary to perform treatment and billing services on your behalf, no information will be released to any other persons or agencies outside of this office without your written authorization except by court order. Before you give me written authorization to respond to any other requests for your health information, satisfy yourself that the information is really needed, that you understand the information being sent out, and that giving the information will help you. You have the right to approve or refuse the release of information to anyone, except as provided by law.

EXCEPTIONS to the above information release procedures are:

1. When I have knowledge of, or reasonable cause to believe, that a child or elder adult is being neglected or physically or sexually abused, in which case state law requires that such information be reported.
2. Reporting of maltreatment of vulnerable adults.
3. Reporting of alleged practitioner sexual misconduct.
4. Reporting of instances of threatened homicide or physical violence against another identified person. I must report such threats to the appropriate police agency as well to as the intended victim.
5. In cases of threatened suicide and if, in my professional judgment, your health and safety are at risk, I may contact at least one concerned person and/or the appropriate police agency to intervene and for evaluation.

MINORS RIGHT TO PRIVACY

All non-emancipated minor clients under the age of 18 must have the consent of their parents or guardians following an initial intake session to receive further treatment services. State law provides that minors have the right to request that their records be withheld

from their parents or guardians under certain circumstances. When a minor client requests that records be withheld and/or, in my professional judgment, I determine that sharing the minor's counseling information with parents or legal guardians is detrimental to the physical or mental health of a minor, I may refuse to release it to parents and legal guardians in order to prevent harm.

RIGHT TO READ YOUR OWN RECORD AND TO SUBMIT AN AMENDMENT

You have the right to inspect and request a copy of your own records, paper or electronic. All requests must be made in writing. I will assist you in understanding your records by being available to answer questions and to explain the meaning of technical terminology. I welcome your informing me of any inaccuracies of information in your life. You have the right to put in writing an amendment to the information in your file, which I will keep in your file. Time taken to view/add to/share documentation will be billed by my regular hourly rate.

RIGHT TO KNOW HOW LONG I WILL RETAIN YOUR INACTIVE RECORDS

Minnesota law requires that after you have completed services, your record be retained for seven years. At the end of seven years, the record will be entirely destroyed, leaving only the name of the client and date of record destruction. The time period begins from the date of the last visit. (Or for minors, from the date they reach 18.) Should I provide you with any further direct contact services, the counting period will begin again after conclusion of the new services.

RIGHT TO ACCOUNTING OF DISCLOSURES

Upon written request, you have the right to obtain an accounting of certain disclosures of your personal health care information, excluding those that are necessary to conduct your counseling and payment services as described above and excluding disclosures I have made to you or disclosures you have otherwise authorized.

RIGHT TO DETERMINE ALTERNATIVE COMMUNICATIONS

You may request and I will accommodate any reasonable request for you to receive personal health care information from me by alternative means of communication or at alternative locations. For example, in order to protect your privacy, please inform me to what address you prefer that I mail billing statements or copies of records or letters and what telephone number and email you prefer I use.

RIGHT NOT TO BE DISCRIMINATED AGAINST

You have the right not to be discriminated against in the provision of professional services based on race, age, gender, ethnic origin, ability, creed, sexual orientation, or any aspect of your identity.

RIGHT TO KNOW MY QUALIFICATIONS

You are entitled to ask me what my training is, where I received it, if I am licensed or certified, my professional competencies, experience, education, biases or attitudes and any other relevant information that may be important to you in the provision of services. You have the right to expect that I have met the minimum qualifications of training and experience required by state law and to examine public records maintained by the Minnesota Board of Social Work, which is the licensure board that regulates my practice. My professional competencies based on my social work license (LICSW #18658) include the following: child, adolescent, and adult psychotherapy; couple and family psychotherapy; and group psychotherapy.

RIGHT TO BE INFORMED

You have the right to be informed of my assessment of your problem in language you understand and to know available counseling alternatives. You also have the right to understand the purpose of the professional services I recommend, including an estimate of the number of counseling or consultations sessions, the length of time involved, the cost of the services, the method of counseling, and the expected outcomes of counseling. You have the right and responsibility to help me develop your own counseling plan. If you are considering medication or other remedies, you have the right to be informed by your physician or other health care professional of treatment alternatives, action of the medication or remedies, and possible side effects.

RIGHT TO REFUSE SERVICES

You have the right to consent to or refuse recommended services. I can provide services to you without consent only if there is an emergency and in my opinion failure to act immediately would jeopardize your health. In such emergency cases, I will make reasonable efforts to involve a close relative or friend prior to providing emergency services. No audio or video recording of a treatment session can be made without your written permission.

RIGHT TO VOICE GRIEVANCES

You have the right to voice grievances and request changes in your counseling plan without restraint, interference, coercion, discrimination or reprisal. I encourage you to share any concerns you may have with me directly, including if you believe your privacy rights have been violated. You also have the right to file a complaint about my services to the Minnesota Board of Social Work (phone: 612-617-2100) which is the state licensure board that regulates my practice.

If you think I may have violated your privacy rights, or you disagree with a decision I made about access to your personal health information, you may either:

1. Talk to your therapist.
2. File a written complaint with Katie Nissly, the privacy officer.
3. Contact the ethics committee of the National Association of Social Work.
4. Contact the State of Minnesota Board of Social Work.
5. Notify the secretary of the U.S. Department of Health and Human Services (HHS). Send your complaint to
Medical Privacy Complaint Division, Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue SW Room 509F, HHH Building
Washington, D.C. 20201

6. Call the HHS Voice Hotline number at 800-368-1019.

Please be assured that I will not take retaliatory action against you if you file a complaint about my privacy practices.

RIGHT NOT TO BE SUBJECTED TO HARASSMENT

You have the right to not be subjected to harassment--sexual, physical or verbal.

RIGHTS OF ADULTS JUDGED NOT ABLE TO GIVE INFORMED CONSENT

For adults judged not able to give informed consent, the same policy as that for minors (see above) applies regarding permission for services and requests that records be withheld.

REFERRAL RIGHTS

You have the right not to be referred or terminated without explanation and notice. You have the right to active assistance from me in referring you to other appropriate services.

YOUR RESPONSIBILITIES

As a client, you have responsibilities as well as rights. You can help yourself by being responsible in the following ways:

TO BE HONEST

You are responsible for being honest and direct about everything that relates to you as a client and our work together. Please tell me exactly how you feel about the things that are happening to you in your life. Telehealth sessions are not to be recorded by client or therapist without written consent.

TO UNDERSTAND YOUR PLAN

You are responsible for understanding your counseling plan to your own satisfaction. If you do not understand, ask me. Be sure you do understand since this is important for the success of the treatment plan.

TO FOLLOW THE TREATMENT PLAN

It is your responsibility to discuss with me whether or not you think you can and/or want to follow a certain treatment plan. Therapy will be more successful if you commit to home-based practices that fit your daily life and goals.

TO KEEP APPOINTMENTS

You are responsible for keeping appointments. If you cannot keep an appointment, notify me as soon as possible so that another client can be seen. You will be charged a fee for no-shows or when canceled with less than 24-hour notice. In the event of injury or illness that precludes giving 24-hour notice, a doctor's note may be required to avoid being charged for the late cancellation. Please see "Psychotherapy Services & Business Practices" document for more information and details about fees.

TO KNOW YOUR FEE

I am willing to discuss my fees with you and to provide a clear understanding for you of the costs of services. I typically have a standard rate as well as a reduced rate for clients with less access to financial resources.

TO KEEP ME INFORMED

So that I may contact you whenever necessary, I will rely upon you to notify me of any changes in your name, address, and numbers.

YOUR THERAPIST'S RIGHTS AND RESPONSIBILITIES

I have the responsibility to provide care appropriate to your situation, as determined by prevailing community standards. To accomplish this goal, I also have certain rights, including:

1. The right to information needed to provide appropriate care.
2. The right to be reimbursed, as agreed, for services provided.
3. The right to provide services in an atmosphere free of verbal, physical, or sexual harassment.
4. The right and ethical obligation to refuse to provide services which are not indicated.
5. The right to change the terms of this notice at any time, with the understanding I will inform my clients of any changes.

THANK YOU

I appreciate your decision to work with me. If you have any questions at any time during the course of your therapy, please discuss with me.