

## Patient Acknowledgement Form

Patient Acknowledgement of Understanding of Katherine Turner, LCSW, CST's Privacy Practice

I understand that the patient's health information is private and confidential. I understand that Katherine Turner, LCSW, CST works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I understand that Katherine Turner, LCSW, CST may use and disclose the patient's personal health information to help provide care to the patient, to handle billing and payment, and to take care of other health care operations. In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission. These situations are very unusual. One example would be if I threatened to hurt someone.

Katherine Turner, LCSW, CST has a detailed document called the "Notice of Privacy Practices". It contains more information about the policies and practices protecting my privacy and is attached to this acknowledgement. I understand that I have the right to read the "Notice" before signing this acknowledgement.

Katherine Turner, LCSW, CST may update this Acknowledgement and "Notice of Privacy Practices": If I ask, Katherine Turner, LCSW, CST will provide me with the most current "Notice of Privacy Practices".

Within this Notice of Privacy Practices is contained a complete description of my privacy/confidentiality rights. These rights include, but aren't limited to, access to my medical records; restrictions on certain uses; receiving an accounting of disclosures as required by law; and requesting communication by specified methods of communications or alternatives location.

Katherine Turner, LCSW, CST has established procedures which help him meet his obligations to his patients. These procedures may include other signature requirements, written acknowledgements, and authorizations; reasonable time frames for requesting information; charges for copies and non-routine information needs, etc. I will assist Katherine Turner, LCSW, CST by following these procedures if I choose to exercise and of my rights described in the "Notice of Privacy Practices".

My signature below indicates that I have been given the chance to review a current copy of Katherine Turner, LCSW CST "Notice of Privacy Practices".

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\_\_\_\_\_  
Patient or legally authorized individual signature

Date \_\_\_\_\_

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\_\_\_\_\_  
Relationship to patient if signed by anyone other than the patient (parent, legal guardian, personal representative, etc)

## Notice of Privacy Practices for Protected Health Information

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

Katherine Turner, LCSW, CST is permitted by federal laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting symptoms, examination and test results, diagnosis, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

- A doctor obtains treatment information about you and records it in a health record
- During the course of treatment, the doctor determines he/she will need to consult with another health care provider in the area. He she will share the information with such health care provider and obtain his/her input.

Examples of uses of your health information for payment purposes:

- We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Examples of use of your information for health care operations:

- We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services and insurance. We will share information about you with such insurers to other business associates as necessary to obtain these services.

The health and billing records we maintain are the property of Katherine Turner, LCSW, CST. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to this office – we are not required to grant the request but we will comply with any request granted;
- Obtain a paper copy of Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at this office.
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request in writing to our office using the form we provide to you upon request.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. (We are not required to make such amendments)
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and denial be attached in all future disclosures of you protected health information.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include uses of information for treatment, payment or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give to you upon request; and
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has been taken, by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Katherine Turner, LCSW, CST, 472-2890 in person or in writing, during normal business hours. He will provide you with assistance on the steps to take to exercise your right.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment and health care operation purposes.

Katherine Turner, LCSW, CST is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice. You are entitled to receive a copy of the revised copy of Notice by calling and requesting a copy of our Notice or by visiting our office and picking up a copy.

### **To request information or file a complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Katherine Turner, LCSW, CST, Privacy Officer at 472-2890.

Additionally if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Katherine Turner, LCSW, CST. You may also file a complaint by mailing or emailing it to the Secretary of Health and Human Services.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from Katherine Turner, LCSW, CST.

We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

### **Other Disclosures and Uses**

Notification – Unless you object, we may use or disclose your protected health information to notify, or assist a family member, personal representative, or other person responsible for your care, about your location and about your general condition of your death.

Communication with Family – Using our best judgment, we may disclose to a family member, or other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement on your care or in payment for such care if you do not object to it in an emergency.

Disaster relief – we may use and disclose your protected health information to assist disaster relief efforts.

Funeral Directors or Coroners – We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Organ Procurement Organizations – consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purposes of tissue donation and transplant.

Marketing – We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

Worker's Compensation – If you are seeking compensation through Workers compensation, we may disclose your protected health information to the extent necessary to comply with laws regarding Workers Compensation.

Public Health – As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, disability.

Abuse and Neglect – We may disclose your protected health information to the public authorities as allowed by law to report abuse or neglect

Correctional Institutions – If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement – We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or the extent an individual is the custody of law enforcement.

Judicial/Administrative Proceedings – We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Serious Threat to Health and Safety – To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious threat, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions – We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to assistance program personnel.