

Kim Shaffer, LCPC Counseling Services LLC
2025 Glenwood Avenue
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207-991-5818

NOTICE OF PRIVACY PRACTICES

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.

I am required by law to maintain the privacy and security of your protected health information ("PHI") and to provide you with this Notice of Privacy Practices ("Notice"). I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization ("Authorization"). It is your right to revoke such Authorization at any time by giving me written notice of your revocation.

Uses (Inside the Practice) and Disclosures (Outside the Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent. I can use and disclose your PHI without your Authorization for the following reasons:

1. **For Your Treatment.** I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an Authorization to do so.
2. **To Obtain Payment for Your Treatment.** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company to get paid for the health care services that I have provided to you, although my preference is for you to give me an Authorization to do so.
3. **For Health Care Operations.** I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.

Certain Uses and Disclosures Require Your Authorization.

1. **Psychotherapy Notes.** I do not keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501; rather, I keep a record of your treatment and you may request a copy of such record at any time, or you may request that I prepare a summary of your treatment. There may be reasonable, cost-based fees involved with copying the record or preparing the summary.
2. **Marketing Purposes.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

Other Uses and Disclosures That Do Not Require Your Authorization. Subject to certain limitations mandated by law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI to comply with workers' compensation laws.
10. For appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Disclosures to family, friends, or others.** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your PHI (Personal Health Information):

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believed it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you.
I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.
5. **The Right to Get a List of the Disclosures I Have Made.**
You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which

you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

SUBSTANCE USE SERVICES AND RECORDS CONFIDENTIALITY STATEMENT

The confidentiality of alcohol and drug abuse records maintained by my program is protected by Federal Law and Regulations (42 CFR Part 2). Generally, the program may not disclose to a person outside the program that a client is attending the program or disclose any information identifying a client is an alcohol or drug abuser unless:

1. The client consents in writing.
2. The disclosure is permitted by court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
4. An accredited licensing body is conducting a review.
5. Additional rare instances where disclosure is allowed or required by law.

Special Substance Use Treatment Rules for Minors

Under Maine law, a minor with “decisional capacity” is authorized to consent on his or own behalf to substance use treatment without a parent’s consent. Consequently, I may not disclose information about a minor’s substance use treatment to his/her parent or guardian—including for the purpose of obtaining financial reimbursement for services provided to the minor client—without written authorization from the minor client, except that:

I may refuse to provide substance use treatment to a minor unless the minor client authorizes the disclosure necessary for me to obtain reimbursement for services to be provided to the minor client; and

I may disclose the facts relevant to a minor’s substance use treatment to the client’s parent, guardian, or other persons authorized under Maine law to act in the minor client’s behalf in order to reduce a threat to the life or physical well-being of the minor client or any other individual, if I determine judges that (i) the minor client lacks the capacity to make a rational decision on whether to authorize the disclosure because of extreme youth or a mental or physical condition, and (ii) the minor client’s situation poses a substantial threat to the life or physical well-being of the minor client or any other individual which may be reduced by the disclosure.

Mental Health Treatment for Minors

Under Maine law, minors with decisional capacity are authorized to consent on their own behalf for certain mental health treatment for emotional and psychological problems. If you are a minor authorized by law to consent to mental health services on your own behalf, and you in fact consent to such services on your own behalf, I am required to protect the privacy of your health information with respect to the health care services you have consented to on your own behalf, in the same way that I protect the privacy of an adult's mental health information, unless a special exception applies under the law. For example, I am authorized by law to notify your parent or guardian if, in my judgment the failure to inform your parent or guardian would seriously jeopardize your health or would seriously limit the ability of me to treat you. Additionally, if you are covered under a parent's health insurance plan and want me to bill your parent's insurance for services provided to you, your parent(s) will receive an Explanation of Benefits regarding the services provided to you by me from their insurance company. As a result, the fact that you received services from me will not be confidential from your parent(s). However, if you do not want your parents to know that you are receiving services from me, you must notify me of that fact at the time services are provided to you so other arrangements can be made for payment of such services privately or out-of-pocket.

Uses and Disclosures of HIV Information

HIV information and records have extra protection under Maine law. I will not disclose a client's HIV status, HIV test results, or any client records containing HIV information without the client's written authorization, unless such disclosure is authorized under Maine's HIV confidentiality laws without the client's written authorization. Examples of permissible disclosures of HIV information that do not require a client's authorization, include:

- Disclosures to the Maine Department of Health and Human Services' Bureau of Health when necessary to carry out its statutory duties, including the duty to protect the public health and to notify individuals in at risk for the transmission of communicable diseases;
- Disclosures pursuant to a court order;
- Disclosures in proceedings held under Maine's communicable disease laws;
- Disclosures in proceedings held pursuant to Maine's Adult Protective Services Act;
- Disclosures in proceedings pursuant to Maine's child protection laws;
- Disclosures in proceedings held pursuant to Maine's mental health laws; and
- Disclosures to utilization review committees or peer review organizations for utilization review, audits, and program evaluation purposes.

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my practice or the Secretary of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint about my privacy practices. To file a complaint with me, to exercise any of your rights under this Notice, or if you would like more information about my privacy practices, your privacy rights or this Notice, contact:

- ATTN: Privacy Officer 2025 Glenwood Drive Hermon, ME 04401 Tel. 207-991-5818

CONSENT TO USE OF HEALTHCARE INFORMATION

I understand that Kim Shaffer, LCPC Counseling Services, LLC will make use of my health care information for purposes of treatment and other lawful functions of Kim Shaffer, LCPC Counseling Services, LLC practice, including securing payment and other usual health care operations. I understand that this information may be available to persons working on Kim Shaffer, LCPC Counseling Services, LLC behalf, who will be subject to the same duty of confidentiality as Kim Shaffer, LCPC Counseling Services, LLC with respect to any of my information.

I acknowledge receipt and understanding of this HIPAA Notice of Privacy Practices and consent to use of healthcare information.

Client's Signature: _____ **Date:** _____

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 10-12-2020 and was updated on 4-16-2025. I reserve the right to change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request , posted in my office, and on my website.