MIND MATTERS
MENTAL HEALTH & WELLNESS

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Notice of Privacy Practices / HIPAA Compliance

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA) regarding procedures protecting client's rights related to health records, including mental health. The **"transaction rule"** refers to adoption of consistent standards for electronically submitting health claims to insurance companies for reimbursement. At this time I, Krysta J. Oehm, submit claims electronically. The **"privacy rule"** relates to use of health information, release of health information to people/agencies, and client clients rights to view and amend their health records. The **"security rule"** relates to maintenance and storage of records and office policies regarding records. Protected Health Information (PHI) under HIPAA refers to any information that identifies a client. As related to the practices of Mind Matters LLC, this information includes Diagnostic Interviews, Pretreatment Assessments, Psychological Evaluations, Family Assessments, Attachment/Bonding Assessments, Sexual Acting Out Risk Assessments, Therapy Summaries, Claim Forms, Insurance EOBs, Client Intake Forms, Treatment Plans, and Correspondence with persons/agencies with written client consent. Records received from other persons/agencies become part of the client's PHI and will only be released by consent of the client/client's guardian. In situations where the client is a ward of the state of Nebraska, the caseworker is presumed to be to the legal guardian. Information provided to myself, Krysta J. Oehm, by a caseworker becomes part of the client's PHI and can be forwarded to agencies needing material for treatment decisions (e.g., Magellan Managed Care Company).

I, Krysta J. Oehm, under the name Mind Matters LLC, have my own federal tax identification number. I maintain responsibility for implementing procedures regarding protection of client records as seen fit. In order to provide the best care possible for all clients, it is sometimes helpful to consult with other mental health professionals. When this is done, the case is discussed without using names and in a manner protecting the identity of the client. For the purposes of supervision, I utilize the services of Rachel Meier, MA, LIMHP. This supervisor will be informed of all client information necessary to initiate or maintain proper standards of treatment; therefore the release of information is not necessary to communicate with this supervisor. This supervisor adheres to the same HIPAA guidelines set forth in this policy.

I, Krysta J. Oehm, will only release a client's health information with a signed release from the client or client's guardian. Only information specifically identified on the signed release will be sent from this office. A copy of the signed release will become part of the client's file. The release allows the client to restrict the information disclosed by identifying it on the form. Please be advised that I have no control over information once it is released. If the client uses commercial insurance or managed care benefits to pay for services, it is my policy to release the least amount of information possible that will allow claims to be paid. This information typically includes dates and length of service, type of treatment provided, address, Social Security number, and diagnosis. If a third-party requests more information, I will consult with the client or client's guardian before releasing information.

I, Krysta J. Oehm, utilize a billing service that only has access to demographic and diagnostic information necessary for processing claims with insurance companies. Social Security numbers are obtained as per office policy as collecting payments often requires this information. I maintain responsibility for amending policies and procedures related to client records as laws change. Any complaints regarding a client's health record should be address to myself. Complaints will be documented and saved in a locked file indicating the action taken.

I, Krysta J. Oehm, will honor client requests to obtain copies of his or her health records, but it is recommended clients discuss with me information in the file, as some information may need interpretation and can be misunderstood if taken out of context. Clients have the right to request information in their file be amended or changed if felt it is inaccurate. This topic will be discussed with the client upon request and changes will be made in the form of an amendment if the information provided by the client was misinterpreted, or if the client has data to suggest that a wrong assumption was made by the therapist. This discussion will be documented and will become a part of the client's file. The computer that I use to document and store client information is password protected. Storage devices containing client data are stored in locked enclosures. All client medical files are locked inside file cabinets and in a room that is double locked when the premises are vacant.

My signature indicates I have read and understand the above information

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Signature Date