

**Christopher Checke, LMHC, CAP, LLC**  
*Psychotherapy • Coaching • Training • Consulting • Clinical Supervision*

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**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."**

**INTRODUCTION**

Your health record contains personal information about you and your health. This information is referred to as Protected Health Information ("PHI"). PHI is information that relates to the past, present, or future physical or mental health condition of an individual; the provision of health care to an individual; and past, present, or future payment for health care of an individual.

This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with State and Federal Law. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the mail upon request, by email, or providing one to you at your next appointment.

**HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment**

With your signed authorization, I will release PHI as authorized by you to those involved in your care. This may include your psychiatrist, primary care physician or other health care professional or health care organization for which I am authorized.

**Appointment Reminders**

I may contact you to remind you that you have an appointment.

**Treatment Alternatives**

I may inform or recommend possible treatment options or alternatives that may be beneficial in your treatment

**Counseling-Related Services**

I may tell you other counseling-related services, that I provide, which may be beneficial in your treatment

**Individuals Involved In Your Care**

With your signed authorization, I will release PHI as authorized by you to those involved in your care. This may include your family, friends, spouse, domestic partner, or other individual or entity for which I am authorized.

**For Payment**

I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

**Required by Law**

Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

**Lawsuits and Other Legal Action**

In connection with lawsuits or other legal proceedings, I may disclose mental health information about you in response to a court or administrative order, or in response to a subpoena, warrant, summons or other lawful process. I may disclose mental health information to courts, attorneys and court employees in the course of conservatorship, writ and certain other judicial or administrative proceedings.

### **Law Enforcement**

I may release mental health information to law enforcement officials as follows:

- For the protection of persons when necessary to protect them from a serious danger of violence. Information may also be released to others who may be able to help stop or reduce the danger.
- To identify or locate a suspect, fugitive, material witness, certain escapes and certain missing persons.
- In response to a court order, subpoena, warrant, summons or similar process.

### **Coroners and Medical Examiners**

I may report the death of a client to a coroner or medical examiner.

### **Without Authorization**

Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse, neglect, or abandonment; the reporting of the abuse, neglect, or exploitation of an elderly or disabled person; or mandatory government agency audits or investigations (such as the Department of Children and Families).
- Required by court order.
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

### **With Authorization**

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to the Privacy Officer – Christopher Checke, LMHC, CAP at the address listed below.

### **Right of Access to Inspect and Copy**

You have the right to inspect and copy PHI that may be used to make decisions about your care. This right includes psychotherapy/medical records and billing records. You have the right to inspect and copy your PHI. I may charge a reasonable, cost-based fee for copies.

### **Right to Amend**

If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.

### **Right to an Accounting of Disclosures**

You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge a reasonable, cost-based fee for copies.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.

### **Right to Request Confidential Communication**

You have the right to request that I communicate with you about health care matters in a certain way or at a certain location.

### **Right to a Paper Copy of this Notice**

You have the right to a paper copy of this notice.

## **COMPLAINTS**

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Privacy Officer – Christopher Checke, LMHC, CAP at the phone number listed below. The Privacy Officer can: (a) answer your questions about the privacy practices; (b) accept any complaints you have about the privacy practices; and (c) give you information on how to file a complaint. Or you may file a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.**

**The effective date of this revised notice is September 16, 2013.**