

**Jaime G. Vogt, MS, LPC**  
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1861 E. 15<sup>th</sup> Street, Tulsa, Oklahoma 74104  
Phone (918) 815-3823 \* www.childinterviewing.com

**NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGEMENT**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPPA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of it. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Client Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

~~~~~  
**OFFICE USE ONLY**

I attempted to obtain the client’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below.

|       |           |         |
|-------|-----------|---------|
| Date: | Initials: | Reason: |
|       |           |         |

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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.***

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and my professional ethics. Because the rules are so complicated some parts of this notice are very detailed. If you have any questions I will be happy to help you understand my procedures and your rights.

### **1. INTRODUCTION - TO MY CLIENTS**

This notice will tell you how I handle your medical information. It tells how I use your information in this office, how I share it with other professionals/organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. Because the laws of this state and the laws of federal government are very complicated and I don't want to make you read a lot that may not apply to you, I have removed a few small parts. If you have any questions or want to know more about anything in this notice, please ask me for more explanations or more details.

### **2. WHAT I MEAN BY YOUR MEDICAL INFORMATION**

Each time you visit me or any doctor's office, hospital, clinic, or any other of what are called "healthcare providers", information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the tests and treatment you got from me or from others, or about payment for healthcare. The information I collect from you is called, in the law, **PHI**, which stands for **Protected Health Information**. This information goes into your file at my office. In this office, your PHI is likely to include:

- Your history (i.e. childhood, educational, employment, marriage or personal)
- Reasons for treatment (i.e. problems, complaints, symptoms or needs)
- Diagnoses (these are the medical terms for your problems and/or symptoms)
- Treatment plan or a list of the treatments that I think will best help you
- Routine progress notes (each time you come in I write down some things about how you are doing, what I notice about you and what you tell me)
- Records I get from others who treated or evaluated you
- Psychological test scores, school records and other reports
- Information about medications you took or are taking
- Legal matters
- Billing and insurance information

*Note:* This list is just to give you an idea. There may be other kinds of information that go into your file. I use your PHI for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatment is working for you.
- When I talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- To show that you actually received the services from me which I billed to you or to your health insurance company.
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have your information. Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it and if you want a copy I can make one for you (but may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing you can ask me to amend (add information to) your record although in some rare situations I don't have to agree to do that. If you want, I can explain more about this.

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## **NOTICE OF PRIVACY PRACTICES (CONT.)**

### **3. PRIVACY AND THE LAWS**

I am also required to tell you about privacy because of the privacy regulations of the federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires me to keep your PHI private and to give you this notice of my legal duties and my privacy practices, which is called the Notice of Privacy Practices (or NPP). I will obey the rules of this notice as long as it is in effect, but if I change it the rules of the new NPP will apply to all the PHI I keep. If I change the NPP I will post the new notice in my office where everyone can see.

### **4. HOW YOUR PHI (PROTECTED HEALTH INFORMATION) CAN BE USED AND SHARED**

When your information is read by me or others in this office, and used by me to make decisions about your care, this is called, in the law, “*use*.” If the information is shared with or sent to others outside this office, that is called, in the law, “*disclosure*.” Except in some special circumstances, when I use your PHI here or disclose it to others I share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed (shared), and so I will tell you more about what I do with your information. We use and disclose PHI for several reasons. Mainly, I will use and disclose it for routine purposes and I will explain more about these below. For other uses I must tell you about them and have a written authorization form unless the law lets or requires me to make the disclosure without your authorization. However, the law also says that there are some uses and disclosures that don’t need your consent or authorization.

#### **A. *Uses and Disclosures of PHI with your consent***

After you have read this notice you will be asked to sign a separate Consent form to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business functions called health care operations. Together these routine purposes are called TPO, and the Consent form allows me to use and disclose your PHI for TPO. We need information about you and your condition to provide care to you. You have to agree to let me collect the information and to use it and share it to care for you properly. *Therefore you must sign the Consent form before I begin to treat you, because if you do not agree and consent I cannot treat you.* When you come to see me, I may collect information about you and all of it may go into your healthcare records here. Generally, I may use or disclose your PHI for three purposes: treatment, obtaining payment and healthcare operations.

- i. Treatment** – I use your PHI to provide you with psychological treatments or services. These might include individual, family/group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of my services. I may share or disclose your PHI to others who provide treatment to you. I may refer you to other professionals or consultants for services I cannot provide. When I do this I need to tell them some things about you and your conditions. I will get back their findings and opinions and those will go into your file here. If you receive treatment in the future from other professionals I can also share your PHI with them.
- ii. Payment** - I may use your PHI to bill you, your insurance, or others so I can be paid for the treatments I provide to you. I may contact your insurance company to check on exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your condition. I will need to tell them about when we met, your progress, and other similar things.
- iii. Health Care Operations** - I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed.

#### **B. *Other Uses in Healthcare***

- *Appointment Reminders* - I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care.
- *Treatment Alternatives* - I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.
- *Other Benefits and Services* - I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

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## **NOTICE OF PRIVACY PRACTICES (CONT.)**

- *Business Associates* - there are some jobs I hire other businesses to do for me. In the law, they are called my “business associates.” Examples might include a copy service I use to make copies of your health records and a billing service that figures out, prints, and mails my bills. My “business associates” need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with me to safeguard your information.

### **C. Uses and Disclosures of PHI that *require your authorization***

If I want to use your PHI for any purpose besides the TPO or those I described above I need your permission on an authorization form. I don't expect to need this very often. If you do authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time I will not use or disclose your information for the purposes that I agreed to. Of course, I cannot take back any information I had already disclosed with your permission or that I had used in my office.

### **D. Uses and Disclosures of PHI that *don't require a consent or authorization***

In some cases, the law lets me use and disclose some of your PHI without your consent or authorization. Here are some examples:

#### **a. Required by Law**

- a. I have to report suspected child abuse.
- b. If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- c. I have to disclose some information to the government agencies, which check on me to see that I am obeying the privacy laws.

#### **b. Law Enforcement Purposes** – I may release your PHI if asked to do so by a law enforcement official to investigate a crime or criminal.

#### **c. Specific Government Functions** - I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.

#### **d. To Prevent a Serious Threat to Your Health or Safety, or That of Another** - if I come to believe that there is a serious threat to your health or safety or that of another person or the public I can disclose some of your PHI. I will only do this to persons or organizations who can prevent or reduce the threat .

### **E. Uses and Disclosures of PHI where you *have an opportunity to object***

I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose such as close friends or clergy. I will ask you about who you want me to tell what information about your condition or treatment. You can tell me what you want and I will honor your wishes as long as it is not against the law. If it is an emergency - so I cannot ask if you disagree - I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you don't approve I will stop, as long as it is not against the law.

### **F. An accounting of Disclosures**

When I disclose your PHI, I may keep some records of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures.

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## **NOTICE OF PRIVACY PRACTICES (CONT.)**

### **5. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

- You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
- You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep my agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
- You have the right to look at the health information I have about you such as your medical and billing records, but you *must make your request in writing*. I will respond within 30 days of receiving your written request. In certain situations, I may deny your request. If denied, I will tell you, in writing, of the reasons for the denial and your right to have the denial reviewed. You can even get a copy of these records but I may charge you, no more than \$ .25 per page. Instead of providing the health information you requested, I may provide you with a summary or explanation of the information as long as you agree to that and to the cost in advance.
- If you believe the information in your records is incorrect or missing important information, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to me. You must tell me the reasons you want to make the changes. I will respond within 60 days of receiving your request. I may deny your request if the health information is a) correct and complete, b) not created by me, c) not allowed to be disclosed, or d) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your health information.
- You have the right to a copy of this notice. If I change this NPP I will post the new version in my office and you can always get a copy of the NPP from me.
- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way. Also, you may have other rights, which are granted to you by the laws of my state, and these may be the same or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

### **6. IF YOU HAVE QUESTIONS OR PROBLEMS**

If you need more information or have questions about the privacy practices described above please contact me via phone or by e-mail at [jaime.vogt@yahoo.com](mailto:jaime.vogt@yahoo.com). If you have a concern with how your PHI has been handled or if you believe your privacy rights have been violated, please contact me. You also have the right to file a complaint with me and with the Oklahoma State Department of Health and by doing such in no way will you be retaliated against for filing a complaint.

#### **Privacy Officer**

Pursuant to 45 CFR 164.530(a)(1)(i), **Jaime Vogt, LPC** is hereby designated as the Privacy Officer for this practice and such individual shall be responsible for developing and implementing this entity's health care privacy policies and procedures, including, but not limited to, receiving and handling client requests for restrictions on uses and disclosures of protected health information ("PHI"); client requests to inspect & receive a copy of their PHI; client requests to receive accountings of disclosures; and, client requests to amend their PHI.

#### **Contact Person**

Pursuant to 45 CFR 164.530(a)(1)(ii), **Jaime Vogt, LPC** is hereby designated as the Contact Person for this practice and such individual shall be responsible for receiving complaints from clients concerning possible violations of their privacy rights.