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HIPAA Notice of Privacy Practices

*This notice describes how medical information about you may be used
Disclosed and how you can get access to this information.
Please review it carefully.*

This Notice of Privacy Practices describes how Rasmussen Counseling LLC, may use and disclose your protected health information (PHI) to carry out treatment, payment or health and mental health operations and for other purposes that are permitted or required by law. It also describes your rights to access and to control you protected health information. "Protected health information" refers to information in your health or mental health record that could identify you, such as your name, social security number, date of birth, etc.

"Treatment" refers to mental health services provided and to efforts to coordinate and manage your health care as well as other services related to your health care. "Payment" refers to reimbursement for services, such as the fee charged by a health insurance company. "Health care operations" are activities that relate to the performance and operation of counseling services, such as care coordination and business-related matters. "Use" applies only to activities within the counseling service such as examining and applying information that identifies you. "Disclosure" applies to activities outside the counseling service such as releasing information about you and other parties.

1. USES AND DISCLOSURES REQUIRING AUTHORIZATION

Rasmussen Counseling LLC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the Counselor is asked for information for purposes outside of treatment, payment and health care operations the mental health specialists will obtain an authorization from you before releasing this information. The Counselor will also need to obtain an authorization before releasing your psychology notes. "Psychology notes" are notes made by the therapist about conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychology notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Rasmussen Counseling LLC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

2. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

Rasmussen Counseling LLC may use or disclose PHI without your consent or authorization in the following circumstances.

- **Child Abuse:** In certain circumstances, the Counselor is required to report child abuse in a variety of forms, including neglect, to (1) a local law enforcement agency; (2) the office of the Department of Child, Youth and Family Services in the county where the child resides; or (3) tribal law enforcement or social services agencies for any Indian child residing in Indian country.
- **Adult and Domestic Abuse:** If the Counselor has reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited, he must report that information to the Department of Child, Youth and Family Services.
- **Health Oversight:** If the New Mexico Board of Nursing, or the New Mexico Professional Counseling and Therapy Practice Board is conducting an investigation, the Counselor is required to disclose your mental health records upon receipt of a subpoena from the appropriate Board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the record thereof, such information is privileged under state law, and the Counselor may not release information without written authorization from you or your personal or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health and Safety:** When the Counselor determines that a disclosure of confidential information is necessary to protect against a substantial and imminent risk that you will inflict serious harm on yourself or another person, he has a duty to report this information to the appropriate people who would address such a risk (for example, the police or the potential victim).



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- **Worker's Compensation:** When a claim is filed, the law requires the release of those records that are directly related to any injuries or disabilities claimed by you (for which you are receiving benefits from your employer) to you, your employer, your employer's insurer, a peer review organization or the health care selection board.

3. PATIENT'S RIGHTS AND MENTAL HEALTH CLINICIAN'S DUTIES

Patient's Rights:

1. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, the Counselor is not required to agree to restrictions you request.
2. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a therapist. Upon your request, information you requested will be sent to another address.)
3. Right to Inspect and Copy: You have the right to inspect or obtain a copy (or Both) of PHI in the counseling services records used to make decisions about you for as long as the PHI is maintained in the record. The Counselor may deny you access to PHI under certain circumstances, but in some cases you may have the decision reviewed. On your request, the Counselor will discuss with you the details of the request and denial process.
4. Right to Appeal: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The Counselor may deny your request. On your request the Counselor will discuss with you details of the amendment process.
5. Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section II of this Notice). On your request, the counselor will discuss with you the details of the accounting process.
6. Right to a Paper Copy: You have the right to obtain a paper copy of the Notice from the Counselor upon request, even if you have agreed to receive the Notice electronically.

Mental Health Clinician's Duties:

1. Mental Health Clinician's: are required by law to maintain privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
2. Mental Health Clinician's: reserve the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, the Mental Health Clinicians are required to abide by the terms currently in effect.
3. If the Counselor revises the policies and procedures, he will notify you by mail.

4. COMPLAINTS:

If you are concerned that the counselor has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact the Counselor at 505-433-5860. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

5. EFFECTIVE DATE

This notice will go into effect on April 14th 2003.

Please sign the attached form that you have received the Notice Of Privacy Practices and consent to use and disclosure of your health information as described in this notice.