



Ross Lents, LPC, LLC

2301 W I-44 Service Rd, 3rd Floor
Oklahoma City, OK 73112

NOTICE OF PRIVACY PRACTICES

Effective Date: May 1, 2014

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. ANY REFERENCES IN THIS DOCUMENT TO MEDICAL PRACTICE, MEDICAL RECORDS, MEDICAL SERVICES, ETC. APPLY ALSO TO PSYCHOTHERAPY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact Ross Lents, LPC.

Who will follow this notice:

- Any staff person authorized to enter or release information from a client's record
- Personnel from organizations that reimburse license and payment of fees to Ross Lents, LPC, LLC
- Government representatives conducting investigations.

Our practice regarding client information: We respect your right to privacy regarding the services you receive through Ross Lents, LPC, LLC. The agency provides many safeguards to protect your right to confidentiality. We create records to document the services you receive from Ross Lents, LPC, LLC to satisfy regulatory requirements and to provide a coordinated plan of services. Only personnel who enter information into your record or those supervising the provision of service are authorized access to your record. For the purposes of obtaining reimbursement for services, support personnel exchange client identifying information with third party payers. We are required by law to disclose client identifying information when there is suspected abuse, case records are subpoenaed by the court and when a client is involved in the commission of a crime.

How we may use and disclose client information with your consent: The following categories describe ways that we use and disclose client information. An explanation will be provided for each category of use or disclosure. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of these categories.

For treatment: We use medical information about you to provide your counseling services. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

For payment: We may use and disclose client information regarding you so that services you receive may be billed to and payment may be collected from you, an insurance company or other third party. For example, we may need to give your health plan information about the services you received so that your health plan will pay us or

reimburse you. We may also tell your health plan services you are going to receive to obtain prior approval or to determine if your plan will cover the services.

Appointment Reminders: We may use and disclose client information to contact you as a reminder that you have an appointment.

Sign In Sheet: We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

As required by law: We will disclose information about you when required to do so by federal, state or local law, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

Special Situations:

Public Health risks: We may disclose identifying information about you for public health activities.

- To report child abuse or neglect
- To report abuse or neglect of the elderly
- To notify the appropriate authority if we believe a client has been the victim of domestic violence. We will only make this disclosure with your consent or when required by law.

Health oversight activities: We may disclose identifying information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, licensure and inspections. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes, or about criminal conduct involving our practice

Change of Ownership: In the event that this practice is sold or merged with another organization, your health information/regard will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group

Breach Notification: In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate

Your Rights Regarding Client Information About You:

You have the following rights regarding behavioral health information we maintain about you:

Right to inspect and copy: You have the right to inspect and copy client information that may be used to make decisions about your treatment. This includes treatment documents and billing records, but does not include psychotherapy notes. To inspect and copy client information that may be used to provide counseling services to you,

you must submit your written request to Ross Lents, LPC. If you request a copy of the information, we may charge a reasonable fee for the cost of copying, mailing, or other supplies associated with your request.

Right to Amend: If you feel that the counseling information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we maintain your case record. Your request must be made in writing and submitted to Ross Lents, LPC. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information kept by our practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of disclosures we made containing information about you. To request this list of accounting of disclosures, you must submit your request in writing to Ross Lents, LPC. Your request must state a time period that may not be longer than six years and may not include dates before May 1, 2014. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or business operations. You also have the right to request a limit on the information we disclose about you to someone involved in your treatment or the payment for your services.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is necessary to provide you with emergency services.

To request restrictions, you must make a written request to the Ross Lents, LPC. In your request, you must tell us:

- (1) What information you want to limit
- (2) Whether you want to limit our use, disclosure or both, and
- (3) To whom you want the limits to apply, for example, disclosures to a third party payer.

Right to a Copy of this Notice: You have a right to a copy of this notice. You may ask us to give you a copy of this notice at any time.

Changes to this Notice: We reserve the right to change this notice. We reserve the right to make revised or changed notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top left-hand corner, the effective date. In addition, each time you are in our office for services or treatment you may get a copy of the current in effect notice.