



EVOLUTION

FAMILY COUNSELING AND ASSESSMENT SERVICES

NOTICE OF PRIVACY PRACTICES AND CONFIDENTIALITY AGREEMENT

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your health information and to provide you with notice describing:

HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

Effective Date May 2021

- We are required by law to have your written authorization before we use or disclose to others your protected health information for the purpose of providing or arranging for your health care.
- We will obtain a written release of information from you before releasing information. However, we may be required or permitted by certain laws to use and disclose your protected health information for other purposes without your consent or authorization. Limits to confidentiality include:
 - If you are involved in a life-threatening emergency and we cannot ask your permission, we will share information if we believe that you would have wanted us to do so, or if we believe it will be in your best interest.
 - If we have reason to suspect that a child, elderly adult, or dependent adult is abused or neglected, we are required by Kentucky law to report the matter immediately to the Kentucky department of Community Based Services Protection and Permanency Division.
 - Under Kentucky law, if a therapist is engaged in their professional duties and you communicate a specific and immediate threat to cause serious bodily injury or death to an identified or identifiable person or yourself, the therapist is legally required to take steps to protect third parties or yourself. These precautions include but are not limited to
 - Warning potential victim (or guardian of victim if under 18 years of age)
 - Notify law enforcement
 - Seeking hospitalization for you to ensure your safety
 - If you commit a crime on the premises or against personnel
 - As required by court order
- As our client, you have the rights related to inspection and copying your protected health information, obtaining an accounting of our disclosures or your protected health information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and filing a complaint if you think your rights have been violated.

- We have available a detailed Notice of privacy practices which fully explains your rights and our obligation under the law. We may revise our notice of privacy practices and procedures from time to time. The effective date above notes the most current Notice in effect.
- You have the right to receive a copy of our most current Notice in effect.

If you have any questions, concerns, or complaints about the Notice or your protected health information please contact our office.