

Qualife Psychology, LLC
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NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed by Qualife Psychology, LLC and how you can get access to this information. It describes your rights and Dr. Krichiver's obligations regarding the use and disclosure of that information. **Please review this carefully.** If you have any questions about this notice, please contact Dr. Krichiver at (317) 528-9110.

HOW QUALIFE PSYCHOLOGY, LLC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: Dr. Krichiver may use or disclose information about you to provide, coordinate or manage your health care and related services. Dr. Krichiver may share information about you and disclose information to people who do not work in her office in order to coordinate your care, such as consulting with another psychologist or a primary care physician, or communicating with your insurance company.

For Payment: Dr. Krichiver may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, Dr. Krichiver may need to disclose your health information about a service you received here so your health plan will pay her or reimburse you for the service. Dr. Krichiver may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

For Health Care Operations: Dr. Krichiver may use or disclose health information about you in order to run the office and make sure that you receive quality care. Examples of health care operations are quality assessment and improvement activities, administrative services, and care coordination.

Business Associates: Dr. Krichiver may share your protected health information with a third party "business associate" that performs various activities (e.g. clinical supervision or consultation). Whenever an arrangement between Qualife Psychology, LLC and a business associate involves the use or disclosure of your protected health information, Dr. Krichiver will have a written contract that contains terms protecting the privacy of your protected health information.

Appointment Reminders or Scheduling: Dr. Krichiver may contact you as a reminder that you have an appointment or to schedule or re-schedule an appointment.

Please notify Dr. Krichiver in writing if you do not wish to be contacted or if you have an alternative place of contact.

SPECIAL SITUATIONS

Dr. Krichiver may use or disclose health information about you without your consent or authorization for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety: Dr. Krichiver may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required by Law: Dr. Krichiver will disclose health information about you when required to do so by federal, state, or local law.

Research: Dr. Krichiver may use and disclose health information about you for research projects that are subject to a special approval process. Dr. Krichiver will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are.

Military, Veterans, National Security and Intelligence: If you are or were a member of the armed forces, or part of the national security or intelligence communities, Dr. Krichiver may be required by military command or other government authorities to release health information about you. Dr. Krichiver may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: Dr. Krichiver may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: Dr. Krichiver may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report suspected abuse or neglect, non-accidental injuries, reactions to medications or problems with products.

Health Oversight Activities: Dr. Krichiver may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies 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, Dr. Krichiver may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, Dr. Krichiver may also disclose health information about you in response to a subpoena.

Law Enforcement: Dr. Krichiver may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Family and Friends: Dr. Krichiver may disclose health information about you to your family members or friends if Dr. Krichiver obtains your verbal agreement to do so or if she gives you an opportunity to object to such a disclosure and you do not raise an objection. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), Dr. Krichiver may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, Dr. Krichiver will disclose only information relevant to the person's involvement in your care.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Dr. Krichiver will not use or disclose your health information for any purposes other than those identified in the previous sections without your specific, written **Authorization**. Dr. Krichiver must obtain your **Authorization** separate from any **Consent** QuaLife Psychology, LLC may have obtained from you. If you give QuaLife Psychology, LLC **Authorization** to use or disclose health information about you, you may revoke that **Authorization**, in writing, at any time. If you revoke your **Authorization**, Dr. Krichiver will no longer use or disclose information about you for the reasons covered by your written **Authorization**.

If QuaLife Psychology, LLC has HIV or substance abuse information about you, Dr. Krichiver cannot release that information without a special signed, written authorization (different than the **Authorization** and **Consent** mentioned above) from you. In order to disclose these types of records for purposes of treatment or payment, Dr. Krichiver will have to have both your signed **Consent** and a special written **Authorization** that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information QuaLife Psychology, LLC maintains about you:

Right to Inspect and Copy: You have the right to inspect and copy health information, such as medical and billing records, that Dr. Krichiver uses to make decisions about your care. You must submit a written request to Dr. Krichiver in order to inspect and/or copy your health information. If you request a copy of the information, Dr. Krichiver may charge a fee for the costs of copying, mailing or other associated supplies. The written request will be attended to within 30 days of receipt (additional time may be needed if the records are off-site or other circumstances exist). Dr. Krichiver may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, Dr. Krichiver will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and Dr. Krichiver will comply with the outcome of the review.

Right to Amend: If you believe health information QuaLife Psychology, LLC has about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to us. Dr. Krichiver 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, Dr. Krichiver may deny your request if you ask us to amend information that:

1. a) Dr. Krichiver did not create, unless the person or entity that created the information is no longer available to make the amendment.
2. b) Is not part of the health information that QuaLife Psychology, LLC keeps.
3. c) 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 the disclosures Dr. Krichiver made of health information about you for purposes other than treatment, payment and health care operations. It excludes disclosures Dr. Krichiver may have made to you, to family members or friends involved in your care, or for notification purposes. To obtain this list, you must submit your request in writing to Dr. Krichiver. It must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. Dr. Krichiver will notify you of the costs involved in providing you with this accounting and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction of limitation on the health information Dr. Krichiver uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the health information Dr. Krichiver discloses about you to someone who is involved in your care or the payment for it, such as a family member or friend. Your request must be in writing and state the specific restriction(s) requested, to whom you want the restriction to apply, and the effective date.

QuaLife Psychology, LLC is Not Required to Agree to Your Request: If Dr. Krichiver does agree, Dr. Krichiver will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications: You have the right to request that Dr. Krichiver communicates with you about your treatment in a certain way or at a certain location. For example, you can ask that Dr. Krichiver only contacts you at work or by mail. Dr. Krichiver will not ask you the reason for your request. This request must also be in writing. Dr. Krichiver will accommodate all reasonable requests. Your request must specify an alternative as to how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask Dr. Krichiver to give you a copy of this notice at any time. To obtain such a copy, contact our office.

CHANGES TO THIS NOTICE

QuaLife Psychology, LLC reserves the right to change this notice, and to make the revised or changed notice effective for medical information Dr. Krichiver already has about you as well as any information Dr. Krichiver receives in the

future. Dr. Krichiver will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with QuaLife Psychology, LLC or with the Secretary of the Department of Health and Human Services. To file a complaint with QuaLife Psychology, LLC, contact Dr. Krichiver by phone at (317) 528-9110. You will not be penalized for filing a complaint.