

**Kathleen Dine Young, Psy.D.**  
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### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please speak with Dr. Dine Young.

You may request a copy of this Notice at anytime by contacting Dr. Dine Young at the above address and phone and requesting the Notice of Privacy Practices.

This Notice of Privacy describes how this office may use and disclose your protected health care information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. **“Protected Health Information” (PHI) is information about you that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.**

This office is required to abide by the terms of this Notice of Privacy Practices. This office may change the terms of the notice at any time. Upon your request, you will be provided with any revised Notice of Privacy Practices.

Under most circumstances, this office is required by law to obtain your written permission for any disclosure (electronic, written, or oral communication) of identifying information about you and your treatment. If you and Dr. Dine Young believe that communication with a third party (for example, previous psychotherapists, physician, school personnel, court system), you will be asked to sign a release of information to that effect.

Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information (PHI) for marketing purposes, and disclosures that constitute a sale of PHI require patient authorization;

Other uses and disclosures not described in the Privacy Notices will be made only with authorization from the individual;

Affected patients have the right to be notified following a breach of unsecured protected health information

**PAYMENT:** Your PHI will be used as needed to obtain payment for your mental health care services. Please be aware that your PHI may be electronically submitted (i.e., sent via fax or the Internet) for these purposes.

- If you choose to use insurance to pay your healthcare bills, you will be asked to sign a release of information to your insurance company for purposes of authorization of sessions and payment. Examples of information sometimes **required** by insurance companies to approve or pay for services include **your name, diagnosis, treatment plan, prognosis, and (if your chart is chosen for review) notes that document your progress in treatment.**
- Patients have the right to restrict certain disclosures of PHI to health plans/insurance companies if the patient pays out of pocket in full for the health care service
- If you are being seen through Workers' Compensation, you will be asked to sign a release of information to that organization for purposes of authorization of sessions and payment. Examples of information **required** by Workers' Comp to approve and pay for services include **your name, diagnosis, treatment plan, prognosis, and notes that document your progress in treatment.**
- If individual client accounts are left unpaid for more than 90 days, your name, addresses and phone numbers, and attendance in treatment may be given to a collection service for purpose of collection.

**HEALTHCARE OPERATIONS:** This office may use or disclose your PHI as needed in order to support the business activities of this practice. This office may share your PHI with third party business associates that perform activities such as billing and accounting services for the practice. Whenever an arrangement is made between this office and a business associate that involves disclosure of your PHI we will have a written contract that contains terms that will protect the privacy of your PHI.

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There are some circumstances that require Dr. Dine Young to disclose your PHI, even without your consent. The following are examples of the types of uses and disclosures of your PHI that this office must make. If appropriate, Dr. Dine Young will make efforts to communicate imminent disclosures to you prior to their occurrences.

- If Dr. Dine Young suspects that a child has been hurt physically or sexually, or neglected (this includes witnessing violence in the home), Child Protective Services will be contacted.
- If an adult is living in a relationship that is violent, Adult Protective Services will be contacted.
- If you are at high (imminent) risk for suicide, communication with appropriate persons (e.g., hospital personnel, police officers) to ensure your safety may occur.
- If you report to Dr. Dine Young that you intend to kill another person, Dr. Dine Young will contact the targeted person(s), appropriate persons to ensure your safety, and local law enforcement.
- If a judge issues a court order, your PHI may be disclosed to the relevant judicial body.

**YOUR RIGHTS**

**YOU HAVE THE RIGHT TO INSPECT AND RECEIVE A COPY OF YOUR PHI:**

You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as this office maintains the PHI. The record set contains medical and billing records about your treatment.

**YOU HAVE THE RIGHT TO AMEND YOUR PHI:**

You may request an amendment of PHI about you in your record set. In some cases, your request may be denied. If your request is denied, you have the right to file a statement of disagreement. If you have any questions about amending your medical record, please consult with Dr. Dine Young.

**COMPLAINTS**

You may complain to this office or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by this office.

This notice becomes effective on April 15, 2003. Updated Sept 23, 2013

**Signature of Client or Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_