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PSYCHOLOGISTS

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**HIPAA Notice of Privacy Practices**

**This notice is required by federal law, and the information it contains is mandated by law.** If you have any questions about how your Protected Health Information (PHI) is used, or about this notice, please contact our office manager, Kimber Fuller, at 318-425-2000.

**I. 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.**

**II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)** We are legally required to protect the privacy of your PHI, which includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this Notice about our privacy practices. Notice must explain how, when, and why we will "use" and "disclose" your PHI. A "use" of PHI occurs when we share, examine, utilize, apply, or analyze such information within our practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of our practice. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. We are legally required to follow the privacy practices described in this Notice. However, we reserve the right to change the terms of this Notice and our privacy policies at any time. Before we make any important changes to our policies, we will promptly change this Notice and post a new copy of it as noted at the beginning of this document. You can also request a copy of this Notice from our office at any time.

**III. HOW WE MAY USE AND DISCLOSE YOUR PHI.** We will use and disclose your PHI for **many** different reasons. For some of these uses or disclosures, we will need your prior authorization; for others, however, we do not. Listed below are the different categories of our uses and disclosures along with some examples of each category.

**A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.** We can use and disclose your PHI without your consent for the following reasons:

1. **For treatment.** We can disclose your PHI to physicians, psychiatrists, psychologists, and other health care providers who provide you with health care services or are involved in your care. For example, if you are being treated by a psychiatrist, we can disclose your PHI to your psychiatrist in order to coordinate your care. However, it is our practice to only do so if you have directly authorized us in writing, unless a threat to your safety is involved.
2. **Interns/students.** Our office sometimes hosts interns/students who we would like to be present, for training purposes, during your treatment/evaluation. We want you to make an informed decision regarding whether you would like for a student/intern to be a part of your

treatment/evaluation; therefore, we are happy to discuss and concerns and answer any questions you might have.

3. **To obtain payment for treatment.** We can use and disclose your PHI to bill and collect payment for the treatment and services provided by our office to you. For example, we might send your PHI to your insurance company or health plan to be paid for the health care services that we provide. We may also send it to business associates, such as billing companies, claims processing companies, and others that process health care claims. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

4. **For health care operations.** We can disclose your PHI to operate our practice. For example, we may use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others to make sure we are complying with applicable laws.

5. **Other disclosures.** We may also disclose your PHI to others without your consent in certain situations. For example, your consent is not required if you need emergency treatment, as long as we try to get your consent after treatment is rendered, or if we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.

6. **When disclosure is required by federal, state or local law; judicial or administrative proceedings; or, law enforcement.** For example, we may make a disclosure to applicable officials when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.

7. **For public health activities.** For example, we may have to report information about you to the county coroner.

8. **For health oversight activities.** For example, we may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider.

9. **To avoid harm.** In order to avoid a serious threat to you or another person, we may disclose PHI to law enforcement personnel or persons able to prevent or lessen such harm.

10. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

11. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.

12. **Appointment reminders and health related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

13. **Practicum students and interns.** Our office does have Practicum students and interns working in our office and may use some information for educational or learning experiences.

#### **B. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

**Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or involved in the payment for your health care, unless you object in whole or in part. The opportunity to consent may be

obtained retroactively in emergency situations. We do have you sign a form for approved persons in regard to your medical care in our office.

**C. Other Uses and Disclosures Require Your Prior Written Authorization.** There are specific disclosures that would require your authorization. These include disclosing your PHI for marketing purposes, sale of PHI to third parties, and fundraising purposes.

In these, or any other situation not described in sections III A and B above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures.

**IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.** You have the following rights with respect to your PHI:

**A. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. You may not limit the uses and disclosures that we are legally required or allowed to make.

**Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**B. The Right to Choose How we Send PHI to You.** You have the right to ask that we send information to you to at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide the PHI to you in the format you requested.

**C. The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI, but you must make the request in writing. If we do not have your PHI but we know who does, we will tell you how to obtain it. We will respond to you within 30 days of receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have our denial reviewed. In our practice, we keep “treatment notes” which are a regular part of your PHI. In some cases, instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that.

**D. Minors and Parents right to see and receive copies of PHI.** Patients under 18 years of age who are not emancipated should be aware that the law may allow parents to examine minor’s

treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes our policy to request an agreement from parents that they consent to give up their access to their children's treatment and their attendance at scheduled sessions. If they agree, during treatment, we will provide them only with general information about the progress of treatment when it is complete. Any other communication will require the children's authorizations unless we feel that the children are in danger or is a danger to someone else, in which case, we will notify the parents of our concern and other applicable authorities if necessary. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have. If records are requested, we can provide a summary of the records.

**E. The Right to Correct or Update your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request to correct or update your PHI. We may deny your request in writing if the PHI is correct and complete, is not created by our office, is not allowed to be disclosed, or is not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

**F. The Right to Receive This Notice by E-Mail.** You have the right to receive a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

**G. Right to Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**V. HOW TO COMPLAIN ABOUT PRIVACY PRACTICES** If you think that our office has violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. Any complaints or questions regarding the practice of psychology can be directed to The Louisiana State Board of Examiners of Psychologists, 4334 S. Sherwood Forest Blvd. Suite C-150, Baton Rouge, Louisiana 70816, (225) 295-8410 or the practice of counseling to Louisiana Licensed Professional Counselors Board of Examiners, by filing a complaint using the following link: <https://www.lpcboard.org/file-complaint>.

**VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES** If you have any questions about this notice or any complaints about our privacy practices, please contact our office manager, Kimber Fuller, by calling 318-425-2000.

**VII. EFFECTIVE DATE OF THIS NOTICE.** The latest version was effective on **8/13/19**.