

**Tricia Andor, LPC**  
**Counseling & Psychotherapy**  
401 E. 8<sup>th</sup> St., Suite #200-H  
Sioux Falls, SD 57103  
(605) 695-7913

## **Notice of Privacy Practices**

This notice describes how your treatment information may be used and disclosed and how you can get access to this information. Please review it carefully.

### **Understanding Your Protected Health Information**

When you or your family member receives services from Tricia Andor, LPC, a clinical file is created. Typically this file contains information about you or your family members' symptoms, diagnosis, treatment plan, and progress. This file serves as a basis for documenting and planning you and your family members' care and treatment. Information in the file is also used by third party payers (insurance companies) to verify that billed services were provided. All identifying and health information in this file is "protected health information."

### **Uses and Disclosures**

"Use" applies to using your information within Tricia Andor Counseling & Psychotherapy, including consultation and routine use of information for treatment and administrative purposes.

"Disclosure" applies to releasing your information to parties outside of Tricia Andor Counseling and Psychotherapy.

1. Tricia Andor Counseling & Psychotherapy may disclose your protected health information with your consent for the following purposes:

Treatment. Tricia Andor, LPC may use information in your clinical file for the purpose of planning and evaluating treatment. This information may be shared with other clinical professionals for the purpose of consultation, or planning, coordinating and reviewing you or your family members' care.

Payment. Your protected health information may be used to seek payment for services from your health plan or other funding sources. This information may include identifying information, your diagnosis and treatment procedures involved.

Healthcare Operations. Tricia Andor, LPC will use your protected health information file for basic healthcare operations. Therapists, supervisors, an administrative staff may use this information to evaluate the quality of work in specific program and the agency as a whole. Regulatory agencies may review your clinical file to ensure compliance with their requirements.

2. The following situation do not require consent or authorization of protected health information.

Emergency. In an emergency, Tricia Andor, I may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or guardian or your location and general condition to adequately provide services.

Law Enforcement. As required by federal and state law, I will notify authorities of alleged abuse/neglect and risk of threat of harm to self or others. I may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

Public Health. As required by federal and state law, I may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Worker's Compensation. I may disclose health information to the extent authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs established by law.

Charges Against Tricia Andor, LPC Counseling & Psychotherapy. In the event you should file suit against Tricia Andor, LPC – Counseling & Psychotherapy, I may disclose health information necessary to defend such actions.

Additional Uses of Information. I may also contact you about appointment reminders, treatment alternatives, billing, or for public relations activities.

3. In all other situations, I will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke that authorization to stop any future uses or disclosures.

### **Individual Rights**

You have the following rights with respect to your protected health information:

- You may request in writing that I not use or disclose your information for treatment, payment, or administrative purposes involved in your care except when specifically authorized by you, when required by law or in an emergency. I will consider your request; however, I am not required by law to accept it.
- You will have the right to request that your protected health information be communicated to you in a confidential manner such as sending mail to an address other than your home.
- Within the limits of South Dakota statutes and regulation, you have the right to inspect and copy your protected health information. If you request copies, I will charge you a reasonable amount, as allowed by statute.
- If you believe that information in your clinical file is incorrect or if important information is missing, you have the right to submit a request to me to amend your health information by correcting the existing information or adding missing information. The request will be considered but I am not required to accept it.
- You have the right to receive an accounting for disclosures of your protected health information.
- You have the right to receive a printed copy of this notice.

### **Tricia Andor, LPC Duties**

1. I am required by law to maintain the privacy of your protected health information, except as noted above, and to provide you with this notice of privacy practices.

2. I am also required to abide by the privacy policies and practices that are outlined in this notice.

3. I reserve the right to amend or modify your privacy policies and practices as allowed by law. These changes in my policies and practices may be required by changes in federal and state laws and regulations. If changes are made, I will provide you with a revised notice at your next appointment. The revised policies and practices will be applied to all protected health information I maintain.

### **Requests to Inspect Protected Health Information**

Tricia Andor, LPC requires that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your clinical file by contacting your therapist.

### **Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I have made about access to your records, you may contact me at: Tricia Andor, LPC – Counseling and Psychotherapy, 3610 S. Western Ave., Suite 2, Sioux Falls, SD 57105. Please send a letter describing the cause of your concern. Under no circumstances will you be retaliated against for filing a complaint.

(All references to "I" in this document refer to Tricia Andor, LPC – Counseling & Psychotherapy)