



Kaiona Counseling, LLC

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NOTICE OF PRIVACY PRACTICES

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.

MY RESPONSIBILITIES TO YOU

I have a legal duty to safeguard the privacy and security of your protected health information (“PHI”) in compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other federal, state, and local laws. Your PHI can be used to identify you. It is the set of information relating to your past, present, or future health status that is created, collected, transmitted, or maintained by me as your clinician. PHI includes things like your name, gender, ethnicity, date of birth, your contact information, date of service, health insurance plan, payment information, diagnosis, health status, prognosis, treatments, medication lists, test results, family history, emergency contact information, and more.

Most of your PHI is contained in your **health record**. I may also keep **psychotherapy notes** separate from your health record. Psychotherapy notes document and analyze the contents of conversation during private therapy/counseling sessions to aid me in diagnosis and treatment.

In this notice, I explain how, when, and why I will “**use**” and “**disclose**” your PHI. I use your PHI when I share, examine, give, or otherwise divulge it to a third party. When possible, I will use or disclose no more of your PHI than the **minimum necessary** to accomplish the purpose of the permitted or required disclosure. Aside from exceptions described below, I am obligated to guard the private information in your health record and other PHI, unless you tell me I can disclose it in writing. This is done with a signed Release of Information Authorization (“**Authorization**”) that must meet certain legal requirements. Information contained within psychotherapy notes also has added privacy protections under the law.

I take my duty to **follow the privacy practices** described here seriously, and I will promptly inform you if a **breach** of your PHI should ever occur despite my adherence to privacy laws. I will provide you with a **copy of this notice**, and if you have any questions about the information it contains, please don’t hesitate to contact me, or find more information online at <https://www.hhs.gov/hipaa/index.html>.

TYPICAL USES AND DISCLOSURES

When you **consent** to having a direct treatment relationship with me (Jennifer Bojanowski, dba Kaiona Counseling, LLC), privacy law permits me to use or disclose information from your health record or my psychotherapy notes in the following typical ways:

- **Treatment**

This includes when I provide you direct care and services, manage and coordinate your care with others, share information with clinicians in training, consult for advice from other experts, and refer you to other providers when needed. I use and share your information with other care providers frequently for these and other purposes related to treating you. For example, your primary care provider may ask for an update on the progress of your treatment in order to provide good overall care. I may need to share your full health record, including information from separate psychotherapy notes, for another expert to get an accurate understanding and provide helpful recommendations

about your best, most fitting care. Of course, all other licensed health care providers must also follow privacy law.

- **Payment**

Submitting billing claims for your treatment reimbursement may require me to share limited information from your health record with your health insurance company or mental health benefits provider.

- **Health Care Operations**

There are tasks and situations in which I need to use and share your health information to run my practice, improve your care, and contact you when necessary. For example, professional business service providers (like a fax company) may obtain your PHI while providing their service. Such business associates are required to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in my contract with them or as permitted by federal law. I may need to send you communication that contains PHI, such as appointment reminders, billing invoices, forms, documentation about practice closures for vacation or illness, changes in hours, treatment alternatives, other health-related benefits and services that may be of interest to you, or other important information. Every effort is made to transmit such information privately, securely, and using your stated preferences.

OTHER USES AND DISCLOSURES

In certain circumstances, I am also allowed or required by law to use or disclose your health information without a signed authorization for that specific situation. This is usually to contribute to your safety and the public good. Specific legal conditions must be met before your information can be shared for these purposes.

- **Public Health and Safety**

In situations when harm to you or others is occurring or is likely to occur in the foreseeable future, I must fulfill my ethical and legal obligations as a **Mandated Reporter**. I may need to share PHI, possibly including psychotherapy notes, when reporting suspected child, elder, or dependent adult abuse, or to prevent or reduce a serious threat to anyone's health or safety. For example:

- **Risk of Self Harm**

If you indicate your intention or attempt suicide, or otherwise behave in a way that you're likely to cause serious bodily harm, I must act. I may arrange for a trusted support person to be with you until you are in a safe mental state, notify appropriate providers or officials (such as call 911 for ambulance), and/or assist with temporary hospitalization if needed for your safety.

- **Risk of Harm to Others**

If your actions or intentions present a clear and imminent danger of violence to one or more individuals, I am required by law to take protective actions. This includes notifying appropriate professionals such as the police, notifying the threatened person or persons I may be able to reasonably identify, and/or seeking hospitalization for your and others' safety.

- **Abuse or Neglect**

If I believe abuse or neglect of a child, elderly person, or dependent adult has happened, or that there is a high risk for it to happen in the reasonably foreseeable future, I am mandated to report this. The law requires I file a report with the Department of Human Services and/or police. If I am aware of violations to the State of Hawaii's legal age of consent law, reporting to a parent/caregiver is permitted, and reporting to officials may be required in cases of suspected sexual abuse of a minor. The law specifies that youth under age 14 cannot consent to sexual activity under any circumstances, youth ages 14 or 15 can consent to sexual activity with a person who is less than 5 years older, and youth 16 and older may legally consent to sexual activity with another person of any age 14 and older.

- **Decedents**

I may disclose information to a coroner or medical examiner to identify a deceased Client, determine a cause of death, or as authorized by law. I may also provide information to funeral directors as necessary to carry out their duties. I may use or disclose information to entities

conducting business permitted by law in the procurement, banking, or transplantation of organs, eyes, or tissues to facilitate donation and transplantation. Special rules apply if I am asked to disclose health information to any persons involved, prior to a Client's death, in the care or payment for care of that Client. I may disclose information in such a situation, unless I am aware that doing so would be inconsistent with a preference previously held or expressed by the deceased Client.

- **Public Health Activities and Research**

I may be required by law to disclose PHI to public health authorities to track or prevent disease outbreaks. I may disclose information for permitted public health research if the research study meets federal privacy law requirements. Reports of such research do not identify specific people.

- **Compliance with Law, Law Enforcement, and Judicial or Administrative Proceedings**

- **State and Federal Law**

I may be required by law to share information from your health record and possibly my psychotherapy notes, limited to relevant information specified by the law in question.

- **Health Oversight Agencies**

Such agencies or officials may require access to PHI for activities authorized by law, such as government audits, licensure audits, or fraud and abuse investigations. For example, Department of Health and Human Services may require access to PHI, possibly my psychotherapy notes, to ensure I am following federal privacy law.

- **Workers' Compensation**

I may be required to provide PHI on your treatment to comply with workers' compensation laws.

- **Special Government Functions**

I may be compelled by law to provide information for military and veteran activities, proper execution of military missions, conducting intelligence or counterintelligence operations, national security purposes, or for protective services to the President of the United States or other important officials.

- **Law Enforcement Authorities**

I may disclose limited health information to a law enforcement official for purposes such as reporting a crime or locating a missing person. I may be required to comply with a legal search warrant that could provide access to PHI.

- **Correctional Institutions**

If you are an inmate of a correctional institution or under protective custody of a law enforcement official, I may be required to disclose PHI. Such disclosure is only permitted if necessary for the institution to provide you with health care, for the safety and security of the correctional institution, or to protect the health and safety of you and others.

- **Legal, Judicial, and Administrative Proceedings**

I may disclose your PHI in response to a court order, subpoena, discovery request, or other lawful process by someone involved in a dispute, but only after efforts have been made to tell you about the request or to obtain an order protecting the PHI requested.

- **Lawsuits or Complaints Against the Practice**

If initiated by you, I am permitted to protect the health care practice and may disclose relevant information learned via our therapeutic relationship, including information within any psychotherapy notes.

- **Court-Ordered Treatment**

I may be required to comply with requests for treatment updates or other records containing PHI if the services you receive are ordered by a court.

- **Additional Circumstances**

- **Marketing and Fundraising**

I will never sell your health information to others. Unless I have your written authorization, I will not use or disclose your health information for promotional marketing communications that are otherwise considered prohibited under federal law. In the case of fundraising – such as to buy equipment or books to run a support group – I may contact you for fundraising efforts, and you can tell me not to contact you again for this.

- **If I Am Incapacitated or Die**

It would be necessary for another clinician to have access to your health records to notify you and ensure your care continues smoothly.

I will use and disclose your health information only with a written authorization from you, except for the limited circumstances allowed by federal and state privacy laws which are described above in this notice.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

- **Get a copy of your health record**

You can ask to get or see an electronic copy of all or part of your medical record or a summary in a timely manner, typically by the end of the next business day after your signed Authorization detailing your request is received. If requested, paper copies can be provided instead, and I may charge a reasonable cost-based processing fee. Paper copies will be postmarked or available for pick-up by you within 5 business days of receiving your signed Authorization.

- **Ask me to correct your health record**

You can ask me to correct health information about you that you think is incorrect or incomplete. I will respond to your request within 60 days of its receipt, confirming the change has been made or explaining why not in writing.

- **Ask me to limit what information I use or share.**

You can ask me not to use or share certain health information for treatment, payment, or my business operations. I will consider such requests, although I am not required to agree, and I may say “no” if it would negatively affect you or your care. However, if you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my business operations with your health insurer. In these instances, I will say “yes” unless a law requires me to share that information.

- **Get a list of the disclosures I have made.**

You can ask for a list (an accounting) of disclosures of your health information I have made, excluding those made for treatment, payment, health care operations, and certain other disclosures (such as any you asked me to make). The list will include all disclosures over the prior 6 years (or start of your care with Kaiona Counseling, whichever is shorter), who I shared it with, and why. I will respond to your request within 5 business days of receiving your signed Authorization detailing your specific request. I can provide one accounting per year for free but will charge a reasonable cost-based processing fee for each additional request.

- **Get a copy of this privacy notice.**

You will automatically receive an electronic copy of this notice in your client portal, which can be downloaded and printed. There is also always the most current version of this notice posted on my website at kaionacounseling.com. You can also request a paper copy of this notice at any time.

- **Request confidential communications**

You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.

- **Choose someone to act on your behalf.**

If you have given someone Medical Power of Attorney or if someone is your Legal Guardian, that person can exercise your rights and make choices about your health information. I will make sure the person provides documentation of their legal authority to act for you before taking any action.

- **Authorize Those Involved in Your Care to Receive Information, or Not**

Your spouse, partner, family member, friend, or another person may support your treatment emotionally, or even by helping to pay for the cost of care. You can sign a written authorization to share specified health information with such a person or persons, for this or any other reason of your choice. You may also identify such a person as an emergency contact and sign an authorization to share information in the event of an emergency, such as if you are unconscious. Or perhaps there is

someone you do not want to receive your PHI in any circumstance – you may also state or provide such a preference in writing. If an emergency or natural disaster arises and you have not and are unable to state your preferences, I may share your information with emergency responders, disaster relief agencies, or someone close to you if I believe it is in your best interest. As soon as you are able, I will give you the opportunity to authorize or object to any further disclosures.

- **Revoke a Release of Information Authorization**

You may cancel a previously signed Authorization at any time. This must be done in writing to me using the contact information on this notice, and I will honor your choice as soon as received. Revocations won't apply to any previously disclosed information from when the Authorization was in effect, and I can't guarantee that any recipients will be fully privacy compliant.

- **Children Under Age 14**

Youth of this age must be consented to mental health treatment by a parent, custodian, or legal guardian, who is legally permitted access to the youth's health information. A therapeutic disclosure policy for parents/guardians to consent to some level of the child's confidentiality may protect trust in the therapeutic relationship. It may also allow me to facilitate disclosure of important information and open communication between parents/guardians and youth.

- **Minors, Age 14 to 17**

- The State of Hawai'i defines a minor as any person age 14 to 17 inclusively.
- Hawai'i's Minor Consent Laws allow minors to seek outpatient mental health treatment without the knowledge or consent of their parents or legal guardians. A temporary non-disclosure agreement (non-disclosure to parents/guardians) must be signed between a minor and myself. By informing the family's health plan before using insurance to pay for services, the health plan is required to ensure parents/guardians would not be notified of their minor using insurance for mental health services. Further, I am not permitted to seek out-of-pocket costs or fees from a minor or parents/guardians.
- Alternately, a minor may be brought to mental health services by a parent/guardian, resulting in the parent or guardian being legally permitted access to the minor's health information. In this case, I enter into a Therapeutic Disclosure Agreement for parents/guardians to provide some level of confidentiality for the minor. When appropriate and likely to strengthen the relationship between parents/guardians and minor, I may encourage and facilitate a conversation to share difficult information with parents/guardians.
- Minors who are emancipated, married, or unsupported (not under the care, supervision, or control of a parent, custodian, or legal guardian) are able to consent to their own mental health services and have the same HIPAA protection as an adult. Emancipated minors cannot be held financially responsible for the care provided, but unsupported minors can.

COMPLAINTS

If you feel I may have violated your privacy rights:

- I encourage you to share your concerns with me at an appointment, by phone, or by submitting a written complaint using my contact information on the first page of this notice.
- You may file a complaint within 180 days of an event with HHS Office for Civil Rights, which strongly advises filing online at this time: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. You may alternately send your complaint in your own format or complete forms on the website above to send by USPS mail (Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201) or email to OCRComplaint@hhs.gov.
- Note that unencrypted email presents a risk that personally identifiable information may be intercepted by unauthorized third parties.
- Rest assured that filing a complaint is your right, and I will never retaliate against you for doing so.

CHANGES TO THIS NOTICE

The terms of this notice are subject to change, and changes will apply to all the information Kaiona Counseling has about you. The new notice will be sent to you electronically while you're an active client. I'll make paper copies available upon request, and the current notice is always on my website, kaionacounseling.com.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on August 18, 2021.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

BY SIGNING BELOW OR ON A SEPARATE ATTACHED PAGE, THE CLIENT OR CLIENT'S REPRESENTATIVE ACKNOWLEDGES HAVING RECEIVED A COPY OF THIS DOCUMENT AND HAVING READ, UNDERSTOOD, AND AGREED TO THE ITEMS CONTAINED IN THIS NOTICE OF PRIVACY PRACTICES.

Client Signature

Date

Print Client Name

Witness or Legal Guardian* Signature

Date

Print Witness or Legal Guardian Name

Relationship to Client

**Please submit or attach documentation verifying legal guardian status.*