

Lori Zoucha, LMHP, CPC, NCC
LKZ Therapy, LLC
PRIVACY NOTICE

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

Understanding Your Counseling Record/Information

Every time you visit my counseling services, a record of your services is made. This record may include your presenting problems, background information, assessments, treatment, and plans for future counseling or other services. This information - your client record – is used to plan your counseling service. Although your client record belongs to Lori Zoucha, LMHP, CPC, NCC at LKZ Therapy, LLC you do have certain rights with regard to your counseling information.

Your Rights

- You have a right to expect that your counseling information will be kept secure and used only for legitimate purposes.
- You have a right to understand how your counseling information may be used and disclosed.
- You have a right to receive this privacy notice that tells you how your counseling information may be used or disclosed.
- You have a right to ask questions about any privacy issue and have those questions clearly and promptly answered.
- You have a (limited) right to know who has seen your counseling information, and for what purpose. If you make additional requests for such an accounting during any 12-month period, I may charge you a reasonable, cost-based fee.
- You have a right to see, and to keep a copy of, all of your counseling records (except psychotherapy notes). Your request for a copy of your record must be in writing. I may charge you a reasonable, cost-based, copying fee.
- **You have a right to ask for correction** -- or inclusion of a statement of disagreement -- for anything in your records that you feel is in error. Your request must be in writing and include supporting documentation.
- You have a right to authorize -- or refuse -- additional uses of your counseling information, such as for fundraising, marketing, or research.
- You have a right to request extra protections for counseling information you consider especially sensitive, and to request that I communicate with you by alternative means. **Your use of text or email messages with me means you are aware and consent that privacy of electronic messages is not assured, although I will make every attempt to secure them. My business phone and computer are password protected.**

Our Responsibilities

I also have certain responsibilities. These include:

- Maintaining the privacy of your counseling record;
- Providing you with a copy of this Notice;
- Abiding by the terms of this Notice;
- Notifying you if I am unable to agree to a requested amendment or restriction;
- Notifying you of any security breach to electronic records; and
- Accommodating reasonable requests you may have to communicate counseling information by alternative means or at alternative locations.

If my information practices change, I may change this Notice. If I do so, the change will be effective for information gathered both before and after the effective date of such change. However, before I change my practices, I will post a copy of my new notice at my office and on my web site. The effective date of my Notice will always appear at the end of the Notice.

I will not use or disclose your counseling information without your authorization, except as described in this Notice.

Disclosures for Counseling

I will use and disclose your information for treatment purposes.

For example: Information obtained by your counselor will be recorded in your record and used to determine the course of your counseling services. Your counselor and other qualified mental health team members may communicate with one another personally and through the client record to coordinate your counseling services and assess your counseling and outcomes. This information is used in my ongoing efforts to ensure the quality and effectiveness of my counseling and services I provide.

I will use and disclose your health information for payment purposes.

For example, **a bill may be sent to you or a third-party payer.** The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and/or procedures. If you do not wish for me to disclose information to a third-party payer, you understand that you will be required to pay for the full amount of your services at the time such services are rendered.

Other Disclosures That May be Made Without Your Authorization

Unless I am otherwise restricted from doing so, I may also use or disclose your information for the following purposes without your authorization:

Business Associates: Some services of my organization may be performed pursuant to contractual arrangements with business associates. These may include transcription and data management. When services are provided by a business associate, I may disclose your health information to my business associate so that they can perform the job I have asked them to do. My business associate must use appropriate safeguards to protect your health information and is bound by law to maintain the confidentiality of your protected health information.

Public Health: When required or permitted by law, I may disclose your counseling information to public health or legal authorities responsible for preventing or controlling disease, injury, or disability or performing other public health functions. In addition, I may disclose your counseling information **in order to avert a serious threat to health or safety.**

Specialized governmental functions: I may disclose your counseling information for military and veterans activities, national security and intelligence activities, and similar special governmental functions as required or permitted by law.

Law enforcement: **I may disclose your counseling information for law enforcement purposes as required or permitted by law or in response to a valid subpoena, court order or other binding authority.**

Disclosures required by law: I may use or disclose your counseling information as required by law provided such use or disclosure complies with and is limited to the relevant requirements of such law.

Judicial and Administrative Proceedings: I may disclose your counseling information for judicial or administrative proceedings as required or permitted by law or in response to a valid subpoena, court order or other binding authority.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact Lori Zoucha at (402) 884-1004. If you believe your privacy rights have been violated, you have the right to file a complaint with Lori Zoucha or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. Updated 1/2017.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**Lori Zoucha, LMHP, CPC, NCC
LKZ Therapy, LLC**

I have been given a copy of Lori Zoucha, LMHP,CPC, NCC at LKZ Therapy, LLC's Notice of Privacy Practices. I understand Lori Zoucha, LMHP, CPC, NCC at LKZ Therapy, LLC has the right to change the Notice of Privacy Practices at any time. I may obtain a current copy at their office. The undersigned does hereby acknowledge receipt of Lori Zoucha, LMHP, CPC, NCC at LKZ Therapy LLC Notice of Privacy Practices.

Patient's Signature/Personal Representative:	Date:
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If the individual did not sign above, describe below the good faith attempt made to obtain the individual's signature and why it was not obtained:

Lori Zoucha, LMHP, CPC, NCC
LKZ Therapy, LLC
10840 Old Mill Road, Suite 300
Omaha, NE 68154

Date

Phone: (402) 884-1004
Fax: (402) 614-0793