

# LIMINAL SPACE COUNSELING

This notice describes how medical information about you may be used and disclosed under the federal health insurance portability and accountability act (HIPAA) and how you can get access to this information.

**Effective Date: January 1, 2016**

## Commitment to your privacy

Analisa Jayasekera, MA, LAMFT, is dedicated to maintaining the privacy of your protected health information (PHI) as part of providing professional care. She is also required by law to keep your PHI private. This includes information collected about you and your mental and physical health issues and any identifying information such as your name, address, or date of birth. When it comes to your PHI, you have certain rights. This section explains your rights and some of Analisa Jayasekera's responsibilities to help you.

## How your health information may be used

I typically use or share your health information in the following ways.

- **To treat you:** I can use your health information and share it with other professionals who are treating you in order to provide the most effective treatment. Such exchanges of information require your written consent.
- **To run my practice:** I can use and share your health information to run my practice, improve your care, and contact you when necessary. For example, when entering your information into a billing system.
- **To bill for your services:** I can use and share your health information to bill and get payment from health plans or other entities.
- **To contact you:** Unless specified by prior written notice, I can use your health information to contact you by telephone, voicemail, or email to return a message or relay information to you.

## Disclosing your health information without your consent

Described below are special situations when the law requires that I use or share your health information.

- **When there is a serious threat to you or another's health and safety or to the public.** The information will only be shared with persons who are helping prevent or reduce the threat.
- **Respond to lawsuits and legal actions:** I can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Address workers' compensation, law enforcement, and other government requests.**
- **As required by federal, state, or local law.** For example, a therapist's mandate to report suspected abuse or neglect of a child or vulnerable adult.

## Your rights regarding your health information

You have the right to:

- **Get an electronic or paper copy of your medical record:** You can ask to see or get an electronic or paper copy of your medical record and other health information. Ask me how to do this. I will provide a copy or a summary of your health information, within 30 days of your request. I will charge a fee of \$1.33 per page and a retrieval fee of \$17.68 per the 2016 rates set by the MN Department of Health.
- **Ask me to correct your medical record if you think is incorrect or incomplete.** These requests must be in writing and I may say "no" to your request, but I'll tell you why in writing within 60 days.
- **Request confidential communications:** You can ask us 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.
- **Get a list of those with whom I've shared information:** You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why. These requests must be in writing.

# LIMINAL SPACE COUNSELING

- **Ask me to limit what I use or share:** You can ask me not to use or share certain health information. I am not required to agree to your request, and I may say “no” if it would affect your care.
- **File a complaint if you feel your rights are violated.** If you feel your rights have been violated you can complain by contacting Analisa Jayasekera using the information on the bottom of the page. Or you can file a written complaint, without penalty, by contacting the U.S. Department of Health and Human Services Office for Civil Rights or the Minnesota Board of Marriage and Family Therapy.
- **Receive a copy of this notice at any time.** I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my site [www.liminalspacecounseling.com](http://www.liminalspacecounseling.com).

## Responsibilities of Analisa Jayasekera, MA, LAMFT

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing through an Authorization to Release of Information. You may change your mind in regards to an Authorization at any time by letting me know in writing.

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## Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, I, \_\_\_\_\_, acknowledge that I have received Liminal Space  
*(full name)*  
Counseling's Notice of Privacy Practices, which describes how protected health information about me may be used and  
disclosed in providing services to me.

Client/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

### **FOR OFFICE USE ONLY**

I have made every effort to obtain written acknowledgement or receipt of our Notice of Privacy Practices from this client,  
but it could not be obtained because:

- The client refused to sign
- Due to an emergency situation it was not possible to obtain acknowledgment
- I was not about to communicate with this client
- Other: \_\_\_\_\_  
\_\_\_\_\_