



Dr. Kyle Good

Kyle Good, Ph.D., M.Ed., MHC

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

By my signature below, I acknowledge that I received a copy of the Notice of Privacy Practices for Kyle Good, Ph.D., M.Ed., MHC.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Therapist's Signature

Date

Client's Name (Please Print)

For Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____ Communications barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Individual refused to sign

_____ Other (Please Specify)

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

Kyle Good, Ph.D., M.Ed., MHC

NOTICE OF PRIVACY PRACTICES

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices.

I can provide you with more information about my privacy practices and additional copies of this Notice.

I. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

A. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types and uses and disclosures that are permissible under federal and state law.

- 1. For Treatment:** I may use and disclose PHI in order to provide treatment for you. For example, I may use PHI to diagnose and provide counseling services to you. In addition, I may disclose PHI to other health care providers involved in your treatment.

I must treat the parent or legal guardian of a child under 13 years old as the patient with respect to PHI relevant to that representation (letting the parent or guardian exercise the privacy rights that a patient would normally exercise, e.g. receiving notice, consenting to disclosure, having access to their records, and the right to amend). A minor 13 years of age or older may request and receive outpatient treatment without the consent of the minor’s parent or legal guardian.

- 2. For Payment:** I disclose PHI to permit your health plan to take certain actions before it approves and reimburses you for treatment services.
- 3. For Health Care Operations:** I may use and disclose PHI in connection with our health care operations, including quality improvement activities,

training programs, accreditation, certification, licensing, or credentialing activities.

4. **Required or Permitted by Law:** I may use and disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your health or safety of the health or safety of others. Other disclosures permitted or required by law include the following: disclosures of public health services; health oversight activities including disclosures to state and federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful purposes; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

B. Uses and Disclosures Requiring Your Written Authorization

1. **Psychotherapy Notes:** Notes recorded by me documenting the contents of a counseling session with you (“Psychotherapy Notes”) will be used only by me and will not otherwise be used or disclosed without your written authorization. These notes are kept separate from the rest of your medical records.
2. **Marketing Communications:** I will not use your health information for marketing communication without your written authorization.
3. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I. A. above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, or to your company. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

- A. **Right to Inspect and Copy:** You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor’s medical record will not be accessible to you.
- B. **Right to Alternative Communications:** You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or an alternative location.

- C. Right to Request Restrictions:** You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. You must request any such restrictions in writing. I am not required to agree to any such restrictions you may request.
- D. Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting certain disclosures of PHI made by me. This right applies to disclosures for purposes other than treatment, payment, or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
- E. Right to Request Amendment:** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.
- F. Right to Obtain Notice:** You have the right to obtain a paper copy of this Notice by submitting a request to me at any time.
- G. Questions and Complaints:** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or me; however, the complaint with the director will most likely interfere with the trust inherent in our therapeutic relationship and you will most likely need to be referred to a different therapist.
- H. Privacy and Security Official:** Dr. Kyle Good is the practice's Privacy and Security Official. He may be reached at (808) 675-6108 or by email at drkyle@drkyle.org or by writing Dr. Kyle Good, 220 S. King Street, Suite 1170, Honolulu, HI 96813.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- A. Effective Date:** This Notice is effective on April 14, 2003.
- B. Revision Dates:** 6/03, 11/07, 7/09, 9/13; Effective September 23, 2013
- C. Changes to this Notice:** I may change the terms of this Notice at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the mail upon written request, or providing one to you at your next appointment upon your request.