



Dina Varano, MA, LMHC

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NOTICE OF PRIVACY PRACTICES

(EFFECTIVE 1.1.04; REVISED 1.1.09)

This notice describes how personal health information (PHI) about you may be used and disclosed, and how you can get access to this information. Please review it carefully. If you have any questions about your personal health information, please feel free to ask me.

My first priority is to provide you, the client, with a safe and secure place to explore whatever it is that brings you to counseling. Confidentiality is guaranteed except in certain limited circumstances. Because I believe that the quality of therapy is improved through collaboration and consultation, I may occasionally share information about a case with other therapists and consultants affiliated with me to gain different perspectives and feedback. In these instances, I maintain confidentiality by disguising any identifying information about the client.

Dina Varano, MA, LMHC and her staff are committed to your privacy. We keep medical information about you to help us provide your care and to meet legal requirements. We also understand that your medical information is private. The law requires us to (1) protect your medical information; (2) provide you with this Notice; and (3) follow the terms of the Notice.

DEFINITION OF TERMS

In this document, we will use words that will have the following meaning:

- “Notice” is used to refer to this Notice of Privacy Practices
- “You” means the client who is the subject of the medical information
- “Medical information” includes all paper and electronic records of your care that identify you and relate to your past, present, or future physical or mental health or condition including information about payment and billing for your health care services
- “Use” means sharing or using your medical information
- “Share” or “disclose” means to release, give access to, or provide your medical information to someone outside of Dina Varano, MA, LMHC or her staff.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

Dina Varano, MA, LMHC and her staff; employed healthcare professionals; trainees and students; volunteers; and business associates follow the terms of this Notice. Dina Varano, MA, LMHC uses electronic record systems to more efficiently and safely coordinate your care across many individuals and locations. Physical and technical safeguards are used to protect the information in these systems, and we also use policies and training to restrict use of your information to only those who need it to do their job. Doctors and other people who are not employed by Dina Varano, MA, LMHC may share information about you with Dina Varano, MA, LMHC or her staff in order to provide your care. These other caregivers may also give you their notices that describe their privacy practices for information they maintain. All of these hospitals, clinics, doctors, and other caregivers, programs and services may share your medical information with each other for treatment, payment, and health care operations purposes. The general ways that we can use and share your information are described below. While we cannot list every specific use, we have given examples under each general category.

Treatment: We may use and share your medical information to provide you with mental and behavioral health care services. For example, your therapist may make contact with your case manager, school counselor, or medical doctor in order to coordinate treatment. If you are being treated for depression, it would be important for your medical doctor to be informed of prescriptions, behavioral plans, etc., for your physical well-being and improvement goals. This medical information may be shared when needed in order to plan for your care and success while being treated by Dina Varano, MA, LMHC.

To Stop a Serious Threat to Health or Safety: When necessary to prevent a serious and urgent threat to the health and safety of you or someone else, we will share your medical information. For example, confidentiality may be waived when we have reasonable evidence that suggests (1) the safety of my client, myself, or other persons or property where we work, is in jeopardy; (2) when we have reason to believe a client is in danger of harming himself, herself, or someone else; and (3) when we have reason to believe a child, elderly, or disabled person in the care of the client, is or has been in danger of physical, sexual, or emotional neglect or abuse. In these circumstances, action will be taken immediately to reestablish safety, including contacting the police or other proper authorities.

Payment: We may use and share your information so that Dina Varano, MA, LMHC or other health care providers that have provided services to you, may bill and collect payment for those services. For example, we may share your medical information with your health plan so your health plan will pay for care you received under Dina Varano, MA, LMHC, or to obtain prior approval for a procedure, or to allow your health plan to review your records to make sure they have paid the correct amount to Dina Varano, MA, LMHC. We may also share your information with a collection agency when needed in order to collect an overdue payment. If you submit for reimbursement from your health insurance company to help with the financing of your counseling, you need to know that your confidentiality is compromised by virtue of its need to know diagnoses, and a measure of what issues you work on and how well you are doing in counseling.

Health Care Operations: We may use and share information about you for business tasks. Whenever practical, we may remove information that identifies you. For example, we may use or share your medical information:

- To comply with laws and regulations
- For health care training and education
- To perform credentialing, licensure, certification, and accreditation functions
- To improve our care and service
- For our budgeting and planning
- For legal services and compliance programs
- To conduct audits
- To maintain computer systems
- To evaluate the performance of our staff in caring for you
- To make decisions about additional services we should offer
- To do client satisfaction surveys
- To bill and collect payment

When information is shared with outside parties (called “business associates”) who perform these tasks on behalf of Dina Varano, MA, LMHC, the business associates are also required to protect and restrict use of your medical information.

Contacting You about Appointments, Insurance and Other Matters: We may contact you by mail, telephone, or email about appointments, registration questions, insurance updates, billing or payment matters, to follow up about care received, or to ask about the quality of the services we have provided to you. We may leave voice messages at the telephone number(s) you give to us.

Treatment Alternatives or Health News and Services: We may use or share your information to inform you about treatment options or health-related products or services that may interest you.

Family Members and Friends Involved in Your Care or Payment for Your Care: We may share information about you with family members and friends who are involved in your care or payment for your care. Whenever possible, we will allow you to tell us who you would like to be involved in your care. However, in emergencies or other situations in which you are unable to tell us with whom to share information, we will use our best judgment and share only information that others need to know. We may also share information about you with a public or private agency during a disaster so the agency can help contact your family or friends about your location and tell them how you are doing.

Research: We may use and disclose medical information about you for any research we conduct in order to improve public health and develop new knowledge. For example, a research project may compare the health and recovery of clients who received one treatment for an illness to those who received a different treatment for the same illness. We use and share your information for research only as allowed by federal and state rules. Each research project is approved through a special process that balances the research needs with the client’s need for privacy. In most cases, if the research involves your care or the sharing of your medical information, we will first explain to you how your information will be used and ask your consent to use the information. We may access your medical information before the approval process to design the research project and provide the information needed for approval. Health information used to prepare a research project does not leave the office of Dina Varano, MA, LMHC. **Please note that we currently do not participate in any clinical research.**

Military and Veterans: If you are a member of the armed forces, we may share your medical information with the military as authorized or required by law. We may also release information about foreign military personnel to the proper foreign military authority.

Workers' Compensation: We may share medical information about you with those who need it in order to provide benefits for work-related injuries or illness.

Health Oversight Activities and Public Health Reporting: We may share information with health oversight agencies for activities like audits, investigations, inspections, and review of requirements to obtain a license. We may also share your medical information to file reports with state public health authorities, agencies such as cancer registries, and the federal Food and Drug Administration. Some examples of the reasons for these reports are:

- To prevent or control disease and injuries
- To report events such as births and deaths
- To report child abuse or neglect of children, elders and dependent adults
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may spread a disease
- To notify the appropriate authority if we believe a patient has been the victim of abuse, neglect or domestic violence

Lawsuits and Disputes: We may share your medical information as directed by a court order (e.g., parenting coordination), subpoena, discovery request, warrant, summons, or other lawful instructions from a court or public body when needed for a legal or administrative proceeding.

Law Enforcement: We may release your medical information to law enforcement officials, as authorized or required by law:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- If you are suspected to be a victim of a crime, generally with your permission
- About a death we believe may be the result of a crime
- About criminal conduct within the practice
- In an emergency, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime

We May Share Your Information With:

- Coroners, medical examiners and funeral directors so they can carry out their duties
- Federal officials for national security and intelligence activities
- Federal officials who provide protective services for the President and others such as foreign heads of state, or to conduct special investigations
- Correctional institution if you are an inmate
- Law enforcement official if you are under the custody of the police or other law enforcement official

OTHER USES OF YOUR MEDICAL INFORMATION

We will not use or share your medical information for reasons other than those described above without your written consent. For example, you may want us to give medical information to your employer or to your child's school. We will share your medical information for purposes like this only if you give your written approval. You may revoke the approval, in writing, at any time, but we cannot take back any medical information that has already been shared with your approval.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

The records we create and maintain using your medical information belong to Dina Varano, MA, LMHC, but you have the following rights. You may have other rights which are granted to you by the laws of the State of Indiana, and these may be the same or different from the rights described below.

Right to Review and Get a Copy of Your Medical Information: You have the right to look at and get a copy of your medical information, including billing records. You must first make your request in writing to Dina Varano, MA, LMHC at the address provided at the end of this Notice. We may charge a fee to cover copying, mailing, and other costs and supplies used to respond to your request. We may deny your request for certain information in very limited cases. If we deny your request, We will give you the reason for the denial in writing. In some cases, you may request that the denial be reviewed by a licensed health care professional chosen by Dina Varano, MA, LMHC.

Right to Ask for a Change of Your Medical Information: If you think our information about you is not correct or not complete, you may ask us to correct the record by writing to Dina Varano, MA, LMHC at the address listed at the end of this Notice. Your written request must give the reason you ask for a correction. We have 60 days to respond to your request. If we accept your request, We will tell you we agree and add the correction. We cannot take anything out of the record. We can add new information to complete or correct the existing information. With your help, we will notify others who have the incorrect or incomplete medical information. If we deny your request, We will tell you in writing the reasons. If we deny your request, you have the right to submit a written statement of 250 words or less that tells what you believe is not correct or is missing. We will add your written statement to your records and include it whenever we share the part of your medical record that your written statement relates to.

Right to Ask for an Accounting of Disclosures: You have the right to request a list of when your medical information was shared without your written consent. This list will not include uses or disclosures:

- To carry out treatment, payment, or healthcare operations
- To you or your personal representative
- To your family members or friends who are involved in your care
- As required or permitted by law as described above
- As part of a limited data set with direct identifiers removed
- Released before April 14, 2003.

Any request for this list must be made in writing to the address listed at the end of this Notice. Your request must state the time period for which you want the list. The time period may not be longer than six years and may not begin before April 14, 2003. The first list you request within a 12-month period will be free. We will charge you a fee for additional requests in that same period.

Right to Ask for Limits on the Use and Sharing of Your Medical Information: You have the right to ask that we limit our use or sharing of information about you for treatment, payment or health care operations. You also have the right to ask us to limit the medical information We disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that We not share information about a treatment you had. We reserve the right to accept or reject your request. Generally, We will not accept restrictions for treatment, payment, or health care operations. We will notify you if we do not agree to your request. If we do agree, our agreement must be in writing, and we will comply with the restriction unless the information is needed to provide emergency treatment for you. we are allowed to end the restriction if we tell you. If we end the restriction, it will only affect medical information that was created or received after we notify you. You must submit your request to restrict the use and sharing of your medical information in writing to the address listed at the end of this Notice. In your request, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure or both and (3) to whom you want the limits to apply.

Right to Ask for Confidential Communications: You have the right to ask us to communicate with you in a certain way or at a certain location. For example, you can ask that we contact you only at work or at a post office box. You must make your request in writing to the address given at the end of this Notice. You do not need to tell us the reason for your request. Your request must specify how or where you wish to be contacted. You will also be required to tell us what address to send bills to for payment. We will accept all reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

Right to Get a Paper Copy of This Notice: You have the right to get a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may get a copy at any of our facilities, by contacting the office at the number below, or on our website (www.dinavarano.net).

CHANGES TO THIS NOTICE

We have the right to change this Notice at any time. Any change could apply to medical information we already have about you as well as any information we receive in the future. The effective date of this Notice is on the first page. We will post a copy of the current Notice on our website, and make copies available to you in the office upon request.

HOW TO ASK A QUESTION OR REPORT A COMPLAINT

If you have questions about this Notice or want to talk about a problem without filing a formal complaint, please contact Dina Varano, MA, LMHC at 317.590.5351. If you believe your privacy rights have been violated, you may file a written complaint with us. Please send it to the address listed below. You will not be treated differently for filing a complaint.

HOW TO CONTACT US

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