

# Steere Family Therapy

8013 Brownsboro Road

Louisville, KY 40241

502/295-5008

Fax: 502/267-4472

*Louisvillefamilytherapy.com*

## HIPPA 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.**

Steere Family Therapy has been and will always be totally committed to maintaining client's confidentiality. We will only release healthcare information about you in accordance with the federal and state laws and ethics of our profession.

This notice describes our policies related to the use and disclosure of your healthcare information.

### **Use and disclosure of your health information for the purpose of providing services:**

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for the purposes stated below with written consent from you.

### **Treatment:**

We may need to use or disclose health information about you to provide, manage or coordinate your care or related services. This could include consultants and potential referral sources.

### **Payment:**

Information needed to verify insurance coverage and/or benefits with your insurance carrier. Please note we are currently not processing insurance claims but will provide you with the appropriate code and treatment information so you may submit a claim to your insurance company.

### **Healthcare Operations:**

We may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

### **Other uses or disclosures of your information which does not require your consent:**

There are some instances where we may be required to use and disclose information without your consent. For example, but not limited to:

- 1 Information you and/or your child or children report about physical or sexual abuse: then by law, we are obligated to report this to the Department of Children and Family Based Services.
- 2 If you provide information that informs me that you are in danger of harming yourself or others.
- 3 Information to remind you of/or to reschedule appointments or treatment alternatives.
- 4 Information shared with law enforcement if a crime was committed on our premises or against our staff or as required by law such as a subpoena or court order.