

**JACKELYN KNIGHT, LLC**  
**Mental Health & Behavioral Services**  
[HIPPA Notice of Privacy Practices](#)

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

***THIS NOTICE GIVES YOU INFORMATION REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPPA). It prescribes legal duties and privacy practices to protect the privacy of your individual identifiable health information —Protected Health Information (PHI).***

***THE EFFECTIVE DATE OF THIS NOTICE IS January 20, 2022. Jackelyn Knight, LLC is required to follow the terms of this Notice until it is replaced. Jackelyn Knight, LLC may make changes to the terms of this Notice at any time. Upon request, Jackelyn Knight, LLC will provide you with a copy of the current Notice. Jackelyn Knight, LLC reserves the right to make changes regarding your PHI before and after the effective date of the new Notice.***

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**I. JACKELYN KNIGHT, LLC PLEDGE REGARDING HEALTH INFORMATION:**

Jackelyn Knight, LLC understands that health information about you and your health care is personal. Jackelyn Knight, LLC is committed to protecting health information about you. The therapist creates a record of the care and services you receive from him/her. The therapist needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which Jackelyn Knight, LLC may use and disclose health information about you. This notice also describes your rights to the health information Jackelyn Knight, LLC keeps about you and describe certain obligations Jackelyn Knight, LLC has regarding the use and disclosure of your health information. Jackelyn Knight, LLC is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of the legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

**II. HOW JACKELYN KNIGHT, LLC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

***Treatment:*** Jackelyn Knight, LLC will use and disclose your PHI to provide, coordinate, arrange your mental health care and any related services. Jackelyn Knight, LLC may disclose

your PHI to physicians, therapists, other mental health counselors who are treating you or assisting in your diagnosis, treatment, or recovery.

**Health Care Operations:** Federal privacy rules/regulations allow health care providers who have direct treatment relationship with the client to use or disclose the client's personal health information without the patient's written authorization in order to carry out the health care provider's own treatment, payment or health care operations. Jackelyn Knight, LLC may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, Jackelyn Knight, LLC would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Jackelyn Knight, LLC may use or disclose your PHI, as necessary, to contact you to schedule an appointment, remind you of your appointment, and/or give you treatment alternatives or other health benefits and services that may be of interest to you.

**Payment:** Your PHI will be used and disclosed, as needed, to obtain payment for your mental health care services. If more than one third-party payer is responsible for payment for your health care, Jackelyn Knight, LLC may disclose your PHI to more than one health plan and those health plans may share your PHI with each other.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

**Psychotherapy notes:** Jackelyn Knight, LLC keeps "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- For Jackelyn Knight, LLC use in treating you.
- For Jackelyn Knight, LLC use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- For Jackelyn Knight, LLC use in defending oneself in legal proceedings instituted by you.
- For use by the Secretary of Health and Human Services to investigate Jackelyn Knight, LLC compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

**Marketing Purposes:** Jackelyn Knight, LLC will not use or disclose your PHI for marketing purposes.

**Sale of PHI:** Jackelyn Knight, LLC will not sell your PHI in the regular course of its business.

**Verbal Consent:** Your PHI may be disclosed to a family member, friend, or other person designated by you or as designated by the law, if you verbally consent.

#### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

***Subject to certain limitations in the law, Jackelyn Knight, LLC can use and disclose your PHI without your Authorization for the following reasons:***

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although Jackelyn Knight, LLC preference is to obtain an Authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on Jackelyn Knight, LLC premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes. Although Jackelyn Knight, LLC preference is to obtain an Authorization from you, Jackelyn Knight, LLC may provide your PHI in order to comply with workers' compensation laws.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

- Disclosures to family, friends, or others: Jackelyn Knight, LLC may provide your PHI to a family member, friend, or another person that you indicate is involved in your care or the payment for your health care unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- *The Right to Request Limits on Uses and Disclosures of Your PHI.* You have the right to ask Jackelyn Knight, LLC not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Restrictions to this request is noted prior (Section IV.)
- *The Right to See and Get Copies of Your PHI.* Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that

Jackelyn Knight, LLC has about you. Jackelyn Knight, LLC will provide you with a copy of your record, or a summary of it. A fee for sending medical records may be applied.

- *The Right to Get a List of the Disclosures Jackelyn Knight, LLC Has Made.* You have the right to request a list of instances in which Jackelyn Knight, LLC has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided Jackelyn Knight, LLC with an Authorization. Certain exceptions permitted by law may apply, such as exceptions for disclosure made directly to you or made pursuant to your authorization. A fee may be applicable.
- *The Right to Correct or Update Your PHI.* If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that Jackelyn Knight, LLC correct the existing information or add the missing information.
- *The Right to Communicate* with you in confidence about your PHI by a different means than Jackelyn Knight, LLC is currently doing.
- *The Right to Complain* regarding your privacy rights. You have the right to complain to Jackelyn Knight, LLC or to the Secretary of the U.S. Department of Health and Human Services (DHHS). An individual must file a complaint within 180 days of when he/she knew or should have known that the act or omission occurred, or else the time limit is waived by the Secretary of DHHS. Jackelyn Knight, LLC will not retaliate against you if you choose to file a complaint.

## VII. QUESTIONS OR PROBLEMS REGARDING PRIVACY POLICIES

- Please contact Jackelyn Knight, LLC at [jackelynknight@gmail.com](mailto:jackelynknight@gmail.com) regarding any questions or problems regarding the privacy policies.