

# DR. SANDRA RAHE, LIMHP

## 402-299-3018

### PRIVACY NOTICE WRITTEN ACKNOWLEDGEMENT

**CONFIDENTIALITY OF CLIENT'S RECORDS:** I understand that my records maintained by Dr. Rahe are protected by Federal Laws and Regulations 42 USC 290dd-3, 42 USC 290ee-3, and 42 CFR part 2. Dr. Sandra Rahe, will not disclose that I am a patient or disclose any information identifying me except when the disclosure is required.

Patient Name \_\_\_\_\_

\_\_\_\_\_ I have received the Privacy Notice for Dr. Sandra Rahe, LIMHP.

\_\_\_\_\_  
Signature of Patient/Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

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

(\*This notice is a shortened version of the full, legally required Notice of Privacy Practices; the entire version is available in the office. Even in the complete notice, I can't cover all possible situations so please talk to Dr. Sandra Rahe or the Privacy Officer about any questions or problems.\*\*)

Dr. Rahe follows strict federal and state laws that require her to maintain the confidentiality of your Protected Health Information (PHI) which is likely to include: dates and types of service; physical health history; mental health history; reasons you came for treatment; and symptoms. There are limited situations when Dr. Rahe is permitted or even required to disclose health information without your signed authorization and only the minimum necessary information will be shared for that purpose.

These situations are:

- To protect victims of abuse, neglect, or domestic violence; some instances of suicide or homicide ideations;
- For health oversight activities such as investigations, audits, and inspections;
- For court proceedings, as in responding to subpoenas and court orders;
- When requested by law enforcement as required by law or court order;
- To public health or other authorities charged with controlling disease, injury or disability; to reduce or prevent a serious threat to public health and safety;
- For workers' compensation or other similar programs if you are disabled at work or to government agencies involved in intelligence and national security.
- If you are in the custody of a law enforcement agency, we may release medical/mental health information about you to a law enforcement official; and when otherwise required by law.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

Dr. Rahe's privacy responsibilities require her to maintain the privacy of your health information; provide this notice that describes the ways she may use and share your health information; and follow the terms of this notice. Dr. Rahe reserves the right to make changes to this notice at any time and make the new privacy practices effective for all information maintained.

Your Rights Regarding Your Health Information:

1. Restriction on Communication Channel: You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment.
2. Restriction of Whom PHI Communicated to:  
You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. Inspect and Copy your PHI: You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records but we may charge you. Psychotherapy Notes are handled in a very specific way and need a specific authorization. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial.
4. Amend: If you believe the information in your records is incorrect or incomplete, you can ask us to make some kinds of changes (called amending) to your health information.
5. Copy of Notice: You have the right to a copy of this notice. If we change this NPP we will post it in our waiting room and on our website.
6. Complaint: You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and/or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in anyway.
7. Accounting of Disclosures: When we disclose our PHI, we keep records indicating who we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures-fees may apply. An accounting will not include disclosures made for treatment, payment, health care operations, and some disclosures required by law. You must state a time period, no longer than six years, and may not include dates prior to April 14, 2003. If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer who is Dr. Sandra Rahe and can be reached by phone at (402) 299-3018 or by mail at the above address.

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Signature

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Date

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Printed Name

The effective date of this notice is April 14, 2003