



## Privacy Policy (HIPPA)

*Effective June 19, 2025*

**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 IT CAREFULLY.**

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 physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how Nicole L. Harris, LCMFT of Nicole Lock Harris and Associates, LLC may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *AAMFT Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

Nicole L. Harris, LCMFT is required by law to maintain the privacy of PHI and to provide you with notice of her legal duties and privacy practices with respect to PHI. She is required to abide by the terms of this Notice of Privacy Practices. She reserves the right to change the terms of the Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that is maintained at that time. Nicole L. Harris, LCMFT will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on her website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

### USES AND DISCLOSURES OF HEALTH INFORMATION ABOUT YOU

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your treatment and related services. This includes consultation in supervision. In cases where peer consultation occurs, identifying information will not be revealed. Nicole L. Harris, LCMFT may disclose PHI to any other consultant only with your written consent.

**For Payment.** Nicole L. Harris, LCMFT may use and disclose PHI so that she can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, she will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** Nicole L. Harris, LCMFT may use or disclose, as needed, your PHI in order to support business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, she may share your PHI with third parties that perform various business activities (e.g., billing or typing services)

9607 W. 117th St., Overland Park, KS 66210

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provided she have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, Nicole L. Harris, LCMFT must disclose your PHI to you upon your request. In addition, she must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining her compliance with the requirements of the Privacy Rule.

**Without Authorization.** Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit Nicole L. Harris, LCMFT to disclose information about you without your authorization only in a limited number of situations.

As a marriage and family therapist licensed in this state of Kansas, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *AAMFT Code of Ethics* and HIPAA.

**Abuse or Neglect.** Nicole L. Harris, LCMFT may disclose your PHI if she believes that you or your child are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. Your therapist may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Judicial and Administrative Proceedings.** Nicole L. Harris, LCMFT may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

**Deceased Patients.** Nicole L. Harris, LCMFT may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Medical Emergencies.** Nicole L. Harris, LCMFT may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.

**Family Involvement in Care.** Nicole L. Harris, LCMFT may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Health Oversight.** If required, Nicole L. Harris, LCMFT may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and peer review organizations performing utilization and quality control.

**Law Enforcement.** Nicole L. Harris, LCMFT may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

**Specialized Government Functions.** Nicole L. Harris, LCMFT may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

**Public Health.** If required, Nicole L. Harris, LCMFT may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Public Safety.** Nicole L. Harris, LCMFT may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Research.** PHI may only be disclosed after a special approval process or with your authorization.

**Verbal Permission.** Nicole L. Harris, LCMFT may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI that Nicole L. Harris, LCMFT maintains about you. To exercise any of these rights, please submit your request in writing to Nicole at:

Nicole Lock Harris and Associates, LLC  
9607 W. 117th St., Overland Park, Kansas 66210

**Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. Nicole may charge a reasonable, cost-based fee for copies. You may also request that a copy of your PHI be provided to another person for a fee.

**Right to Amend.** If you feel that the PHI Nicole L. Harris, LCMFT has about you is incorrect or incomplete, you may ask her to amend the information although she is not required to agree to the amendment. If Nicole denies your request for amendment, you have the right to file a statement of disagreement with her. She may prepare a rebuttal to your statement and will provide you with a copy.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that Nicole has made of your PHI.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. Nicole L. Harris, LCMFT is not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, she is required to honor your request for a restriction.

**Right to Request Confidential Communication.** You have the right to request that Nicole L. Harris, LCMFT communicate with you about health matters in a certain way or at a certain location. She will accommodate reasonable requests. She may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request.

**Breach Notification.** If there is a breach of unsecured PHI concerning you, K Nicole L. Harris, LCMFT may be required to notify you of this breach, including what happened and what you can do to protect yourself.

**Right to a Copy of this Notice.** You have the right to a copy of this notice.

## **COMPLAINTS**

If you are concerned that your therapist may have violated your privacy rights, or you disagree with a decision made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have communication with you by alternative means or at alternative locations, you may complain using the contact information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. Your therapist will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Your therapist supports your right to the privacy of your health information. No retaliation will be made in any way if you choose to file a complaint with your therapist or with the U.S. Department of Health and Human Services.

Contact person:

Nicole L. Harris, LCMFT of Nicole Lock Harris and Associates, LLC

9607 W. 117th St., Overland Park, KS 66210

913-890-3858

[nicoleh.lcmft@gmail.com](mailto:nicoleh.lcmft@gmail.com)

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