



Alternative Pathways Psychological Services, LLC  
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## NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed, and how you can gain access to this information. Alternative Pathways Psychological Services, LLC is dedicated to maintaining the privacy of your personal health information as part of providing professional care to you. We are committed to protecting your personal health information and abide by all state and federal laws regarding the protection of your personal information.

### YOUR INFORMATION RIGHTS

**RIGHT TO INSPECT AND COPY:** You have the right to inspect and obtain a copy of your healthcare information. This request may include your medical information or billing information. Requests must be in writing. It does not include information that is needed for civil, criminal, or administrative actions or proceedings or psychotherapy notes. Psychotherapy notes (if kept) may be requested, however, we have the right to restrict access if you are an active client. We may charge a reasonable fee for the costs of copying, mailing and other supplies associated with your request.

**RIGHT TO AMEND:** If you feel the health information that the agency has created about you is incorrect or incomplete, you may ask to amend that information. This agency may deny your request if you ask to amend information that: 1) was not created by this agency; 2) is not part of the information kept by this agency; 3) is not part of the information which you would be permitted to inspect or copy; and 4) is information determined to be accurate and complete. If we deny your request to amend your healthcare information, you may submit a statement of your point of view that will be added to the case file.

**RIGHT TO ACCOUNTING OF HEALTH INFORMATION RELEASES:** You have the right to request a list of information releases that this agency has made of your personal health information. This list will not include: 1) health information releases made for the purposes of providing treatment to you, obtaining payment for services or releases made for administrative or operational purposes; 2) health information releases made for national security; 3) health information made to correctional institutions and other law enforcement custodial situations; 4) health information releases this agency has made based on your written authorization; 5) health information releases to persons involved in your care; and 6) health information releases made prior to April 15, 2003. We must comply with your request within 60 days.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request a restriction or limitation of how your personal healthcare information is used or released for treatment, payment, or operational purposes. Alternative Pathways Psychological Services, LLC is not legally required, under all circumstances, to agree with the request.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION:** You have the right to request that we communicate with you about healthcare matters in a certain way or at certain locations. For example, you can request that we only contact you at work or only by email. This agency will accommodate all reasonable requests.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to request a paper copy of this notice from Alternative Pathways Psychological Services, LLC at any time.

**RIGHT TO FILE A COMPLAINT:** If you believe your privacy rights have been violated, you have the right to file a complaint with the Federal Department of Health and Human Services Office of Civil Rights. To file a complaint, please contact Alternative Pathways Psychological Services, LLC. All complaints must be writing. Filing a complaint with this agency will not affect the healthcare we provide you.

## **USES AND RELEASES OF PERSONAL HEALTHCARE INFORMATION**

Your personal healthcare information may be used and released without your consent by Alternative Pathways Psychological Services, LLC for the purposes of providing treatment to you, obtaining payment for services, for administrative and operational purposes and to evaluate the quality of the services you receive. Additional circumstances in which your information may be shared without consent are as follows.

**REQUIRED BY LAW:** We may use and disclose your health information when required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.

**PUBLIC HEALTH:** When required by law, we may disclose your health information to public health authorities for reporting communicable diseases, aiding in the prevention or control of certain diseases, and reporting problems with products and reactions to medications to the Food and Drug Administration.

**VICTIMS OF ABUSE, NEGLECT OR VIOLENCE:** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections and other proceedings related to oversight of the healthcare system.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, your authorization will be obtained before disclosure is permitted.

**LAW ENFORCEMENT:** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.

**CORONERS AND MEDICAL EXAMINERS:** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.

**TO AVERT A SERIOUS THREAT TO SAFETY:** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.

**SPECIALIZED GOVERNMENT FUNCTIONS:** Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.

**WORKERS COMPENSATION:** Both state and federal law allows the disclosure of your health care information that is reasonably related to a workers compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.

**TREATMENT:** We may use or disclose your health information to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you, and to consult with other providers working at Alternative Pathways Psychological Services, LLC.