

# Transformations hope for today's families

## **Mission**

To promote mental, emotional, social, and behavioral health for adults, children and families.

## **Values**

Supporting and sustaining families is fundamental to the healthy development of both children and adults. Children's needs are best addressed within their community setting. Parents are equal partners in decision making at every level. Greater progress and growth is achieved when strengths are acknowledged and interventions are designed to build on an individual's identified strengths. A cross-disciplinary team approach enriches creativity, problem-solving, and intervention. Collaboration among agencies creates enhanced resources, improved quality, and greater accountability in the community.

## **Rights**

Clients and their families have the right to be treated with dignity and respect: Transformations does not discriminate on the bases of race, ethnic group, religion, gender, sexual orientation, political ideation, ability, educational level or previous life condition. You have the right to contribute to the goals, objectives, and interventions of your service plan. You have the right to complain and to expect resolution. You have the right to refuse to continue services at any time. You and your family have the right to confidentiality. Information about your treatment or services with Transformations can be released to you or others only with your written consent. Exceptions to this law apply when the client or family member is in danger of causing injury to self or someone else. In limited circumstances the courts can force a therapist or service provider to release records to the legal system.

## **Responsibilities**

As a client or client guardian, you have the responsibility to provide accurate and complete information and to report any changes in the client's well-being.

You have the responsibility to keep all appointments to the best of your ability and to give 24 hour notice to the provider if you are unable to keep an appointment.

You are responsible to maintain the client's insurance card and to report any lapse in coverage to the service provider.

You are responsible to contribute to the formulation of a treatment plan with its goals and objectives and to follow through with your agreed upon interventions.

You are responsible to pay any copays, deductibles or coinsurances that you have agreed upon with your insurance company.

## **Notice of Privacy Practices**

[This Provider is independently contracted with Transformations to provide mental health services](#)

[4010 Dupont Circle, Suite 582, Louisville, KY 40207 phone/ fax 502-899-5411](#)

02/26/2019

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 BEFORE SIGNING.

- Understanding your health information

When you/your child begins working with Transformations a record of treatment is made. Typically, this record contains you/your child's history, assessment, medical information, diagnoses, treatment, a plan for future treatment, etc. This information often referred to as you/your child's health or medical record, serves as:

\*Basis for planning your/your child's care and treatment

\*Legal document describing the care you/your child received

\*Means by which you or a third-party payer can verify that services billed were provided

\*A source of data for health officials charged with improving the health of the nation, or needed services for the area

\*A tool by which future or continual services can be approved

Understanding what is in this record will help you to ensure its accuracy, better understand who, what, when and why others may access you/your child's information and help to make more informed decisions when authorizing disclosure to others.

### **YOUR HEALTH INFORMATION RIGHTS**

Although the health record is the physical property of Transformations, the information belongs to you. You have the following rights:

#### **Right to Request a Restriction**

You have the right to request a restriction on our use and sharing of you/your child's protected health information. Transformations can deny the request if it is unreasonable or would be detrimental to your/your child's treatment.

#### **Right to a paper copy of this Notice**

You have a right to obtain a paper copy of this notice. You may obtain a copy by notifying Transformations office at 502/899-5411 or mailing a request to 4010 Dupont Circle, Suite 582, Louisville, KY 40207.

#### **Right to amend your/your child's health information**

You have the right to request the agency to amend the health information we maintain about you/your child if you feel it is incorrect or incomplete for as long as the information is kept by Transformations. To request an amendment, you must submit a request in writing and state the reason that supports your request. The disputed information will remain in the record along with the amended information. Transformation may deny your request if the request is not submitted in writing, does not contain a reason to support the request, the information that is being questioned was not originated by Transformations, it is not part of the information which you are permitted to inspect or copy, or it is currently accurate and complete.

#### **Right to an accounting of disclosures**

You have the right to obtain an accounting of the disclosures Transformations made of health information about you/your child. This does not include disclosures made for treatment, payment, or health care operations, made directly to you, made for national security reasons, or made to corrections or law enforcement personnel. Your request must state a time period that must be no longer than (6) six years and may not include dates before April 14, 2003. The first list requested within a (12) twelve-month period will be free. For additional lists, you will be charged for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

#### **Right to request alternative means of communication**

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Transformations' staff may seek to communicate with you through general common practices such as your cell phone, text messages, email, voice mail, the U.S. Postal service, etc. It is our policy to take reasonable measures to secure electronic communications. You have the right to request communication of your/your child's health information by alternative means or alternative locations. For example, you could request Transformations only contact you at work or by mail. To request communications by alternative or restricted means, you must submit your request in writing. You will not be asked the reason for your request and your request will be accommodated. Your request must indicate how or where you want to be contacted.

#### Right of access to protected health information

You have the right to request, either verbally or in writing your/your child's health information with certain exceptions. Transformations will respond to you within (30) thirty days (or (60) sixty days if extra time is needed). If your request is denied you have the right to have the request reviewed by a reviewing official who did not participate in the original decision to deny access. In accordance with Kentucky State Law 422.317, Transformations will provide, without charge to the client, a copy of the client's medical record. There will be a charge for any additional copies after that based on cost.

### **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

*Transformations will use your/your child's health information for treatment. We will use and disclose your/your child's protected health information in providing treatment and services. We may disclose your/your child's protected health information to agency and non-agency personnel who may be involved in your/your child's treatment. This will include any one you designate to be apart of the child's service team including a Targeted Case Manager, Therapist, Community Support Associate, Psychiatrist, or Physician providing care to your child. We may also disclose protected health information to individuals who will be involved in your/your child's treatment after you are no longer associated with Transformations. This will guarantee the continuity of care.*

*Transformations will use and disclose you/your child's protected health information so that billing and payment for services for the treatment of you /your child can occur. For billing and payment purposes we will disclose information to Medicaid, Medicaid's billing agent, or an insurance or managed care company, the DMHMRS, or any other designated third-party payer. This disclosure for billing will continue after services are ended in order to secure reimbursement for services. Transformations will also disclose your/your child's health information to a managed care company or peer review organization designated by Medicaid or your third party payer, in order to secure and maintain authorization for treatment. Transformations will use your/your child's health information for regular health care operations. Transformations may use data separated from identifiable information for researcher and program development purposes. These uses and disclosures are necessary to manage the agency and our quality of care.*

### **EXAMPLES OF USES AND DISCLOSURES FOR OTHER SPECIFIC PURPOSES**

As required by law we will disclose you/your child's protected health information.

- \*Disaster Relief-to an agency organizing disaster relief efforts
- \*Public Health Activities-such as: reporting to a public health or government authority for preventing or controlling disease, injury, or reporting child abuse or neglect
- \*Food and Drug Administration (FDA)-concerning adverse events or problems with products or medications for tracking purposes to enable product recalls or to comply with other FDA requirements
- \*to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
- \*for certain purposes involving workplace illnesses or injuries
- \*Reporting victims of abuse, neglect or domestic violence-information will be disclosed as required by law

\*Judicial and Administrative proceedings-information may be disclosed in response to a court or administrative order, subpoena, discovery requests, or other lawful process. Efforts will be made to notify you about the request or to obtain an order or agreement protecting the information

\*Health oversight activities-information may be disclosed to a health oversight agency for activities authorized by law, such as, audits, inspections, investigations, licensure actions or other legal proceedings.

\*Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations

\*to avert a serious threat to health or safety-any disclosure would be made only to someone able to prevent the threat of safety to you/your child, the public or another person

\*research-only under your/your child's specific disclosure

\*Workers Compensation

\*Law Enforcement-as required by law to comply with reporting requirements including, but not limited to: complying with court orders, warrants, subpoenas, summons, identifying or locating a fugitive, missing person or material witness, when information is requested about the victim of a crime if the individual agrees, to report information about a suspicious death, to provide information about criminal conduct occurring at the agency, or information about emergency circumstances about a crime. \*National Security and Intelligence Activities, Protective Services for the President and others.

\*Only data that has been separated from my identifiable information may be used for research and program development purposes, pursuant to 45 CFR 46.101(b.2). Protected health information is may only be used for research only if authorized through written release of information.

### **YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PROTECTED HEALTH INFORMATION**

Transformations will use and disclose protected health information (other than described in this Notice or required by law) only with your written authorization. You may revoke your authorization to use or disclose protected health information in writing, at any time. If you revoke your authorization, we will no longer use or disclose your/your child's protected health information for the purposed covered by the authorization except where we have already relied on the authorization.

### **OUR RESPONSIBILITIES REGARDING YOUR/YOUR CHILD'S PROTECTED HEALTH INFORMATION**

Transformations is required by law to:

\*maintain the privacy of your/your child's health information

\*provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about your child

\*abide by the terms of this notice

\*notify you if we are unable to agree to a requested restriction

\*accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to make changes to this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. Any changes made will affect the protected health information we maintain at that time. We will post a copy of the current Notice at our office site. We will provide a revised copy of the Notice to parents/legal guardians upon request on or after the effective date of revision.

### **WE WILL NOT USE OR DISCLOSE YOUR/YOUR CHILD'S PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION, EXCEPT AS DESCRIBED IN THIS NOTICE.**

If you have questions, would like additional information, or feel your rights have been violated, you may contact the Privacy Officer: **Teresa Lloyd, 4010 Dupont Circle, Suite 582, Louisville, KY 40207.**

**tlloyd@transformationsllc.net.**

If you have any other complaints or concerns, you may also call the privacy officer and clinical director at **502-899-5411.**

If you are still dissatisfied, you may file a complaint by sending a written statement to the above address

Teresa Lloyd  
4010 Dupont Circle Suite 582  
Louisville KY 40207

or to:

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F  
HHH Building  
Washington, DC 20201

Transformations will not retaliate against you if you choose to file a privacy complaint or exercise your privacy rights.

## Quality Assurance Program

Transformations is committed to supporting its providers in learning new and better ways to help you. So your feedback on our services is important to help us know what we need to change. Transformations will be emailing you a few brief questionnaires. Please answer each survey as you receive it. The surveys will be sent through a secure website and email system. You may also contact us at any time at [office@transformationsllc.net](mailto:office@transformationsllc.net) or call me personally at 502-905-9494.

Thank you for choosing Transformations as your service provider.

Sincerely,

Teri Lloyd, LMFT  
Clinical Director

# Telehealth Services of Transformations hope for today's families

Definition of telehealth services: Telehealth includes the delivery of HIPAA compliant health care services and public health via information and communication technologies or use of other electronic media to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care and includes remote patient monitoring, synchronous interactions and asynchronous store and forward transfers of images and data.

Transformations may offer telehealth services in conjunction with regularly scheduled in-person therapy for the purpose of enhancing our ability to provide a supportive wraparound service.

Telehealth, without regularly scheduled in-person sessions, are not appropriate for the client who experiences reoccurring crises or emergencies; is suicidal or likely to become suicidal, is violent or likely to become violent, or otherwise poses a risk to themselves or others.

Transformations providers will use a secure encrypted HIPAA and HITECH compliant asynchronous or synchronous video conferencing service for all telehealth services. Social media, Facetime and phone calls are not eligible for telehealth services.

Telehealth sessions are not recorded unless the client signs a form consenting to the video taping of sessions.

Telehealth services are subject to disruption due to the nature of communication technology. The client and provider shall develop a plan to manage disrupted sessions and the rescheduling of the service.

The service provider will document the telehealth session in the client's medical record.

The provider shall meet all the requirements of his or her licensing board for education, training, and practice of telehealth services.

The client may not be eligible for telehealth services across state lines or international boundaries.

The client is required to produce a valid photo identification.

Client's receiving telehealth services must have a crisis plan and a treatment plan that identifies in-person emergency services and coordination of care with other professionals. Telehealth services shall be added to the treatment plan for services provided.

Kentucky Medicaid and the associated Managed Care Organizations may provide payment of telehealth services for eligible members. Co-pays apply as indicated in the client plan. Eligibility and coverage will vary with commercial insurance plans.

The service provider shall provide the client with alternative means of contact including the provider's phone number and email address. Texting is not a secure encrypted form of communication and should only be used by the client with this understanding.

The service provider shall provide the client with his or her license type, license number, and state board access.

Each provider's license type and license number is available at [www.transformationsllc.net](http://www.transformationsllc.net)  
Phone and email address will be provided to you by your therapist.

## **Licensing Board addresses**

Board of Licensure for Marriage and Family: MFT@ky.gov

Kentucky Board of Social Work: 125 Holmes Street, Suite 310 Frankfort, KY 40601

Professional Counselor Licensing Board: LPC@ky.gov

Board of Licensure for Professional Art Therapists: [PAT@ky.gov](mailto:PAT@ky.gov)

Board of Examiners of Psychology: PSY@ky.gov