

## **HIPAA NOTICE OF PRIVACY PRACTICES**

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

All of your information is protected under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other laws. Like most other mental-health professionals, I maintain even stricter standards of privacy than these laws require. This notice describes ways in which I may use your information, circumstances under which I may disclose it, what my obligations are in handling it, and what your rights are.

### **Your Protected Health Information**

Each time you contact a healthcare provider, information is collected about you, about your physical and/or mental health, and about your payment. This is commonly called Protected Health Information (PHI). It becomes part of your healthcare record. Knowing what is included in PHI and how it is used lets you make wise decisions regarding who you want to have access to this information.

Examples of PHI that may be recorded in my office include:

- The reasons you are seeking treatment, including your problems, complaints, symptoms, and needs.
- Your diagnosis; that is, a description of your difficulties.
- A treatment plan outlining the services that we develop together to help you.
- Progress Notes for each visit, including information about how you are doing, things that you tell me, and what I notice.
- Records I may receive from others who have treated or evaluated you.
- Psychological test scores and other health reports.
- Information about previous and current medications prescribed by your physicians.
- Legal matters.
- Billing and insurance information.

### **Uses of your PHI in my office**

In my office I routinely use your PHI for treatment, payment, and health care operations purposes.

- Treatment is when I provide, coordinate, or manage your health care and other services related to your health care.
- Payment is when I use your information for billing and collection of payment for the services I provide you.
- Health Care Operations are activities that relate to administrative purposes, e.g., to contact you about appointment scheduling.

### **Uses and Disclosure of Your PHI Requiring Your Authorization**

Under circumstances when I am asked for information by third parties for purposes outside of treatment, payment, or health care operations, I will in most cases obtain an authorization from you before releasing this information.

You may revoke all such authorization at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that: (1) I have already relied on that authorization; or (2) If the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### **Uses and Disclosures of Your PHI without Authorization**

I may use or disclose PHI without your consent or authorization under any of the following circumstances:

- Child Abuse - If I know or have reasonable cause to suspect that a child known to me in my professional capacity has been or is in immediate danger of being mentally abused, physically abused, sexually abused, or neglected, I must immediately report such knowledge or suspicion to the appropriate authorities.
- Adult and Domestic Abuse - If I believe that an adult is in need of protective services because of abuse or neglect by another person, I must report this belief to the appropriate authorities.
- Judicial and Administrative Proceedings - I can disclose information, subject to all applicable legal requirements, when required by law, subpoena, court order, etc.
- Serious threat to Health or Safety - If I believe disclosure of PHI is necessary to protect you or another individual from a substantial risk of imminent and serious physical injury, I may disclose the PHI to the appropriate authorities and/or individuals.

## **Your Rights Regarding Your PHI**

You have the following rights:

- To request restrictions on certain uses and disclosures of protected health information. I have the option of agreeing or disagreeing with these restrictions.
- To request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me and so might request that correspondence be sent to another address.
- To inspect and obtain a copy of PHI in my mental health and billing records for as long as information is maintained. In some cases, your access to PHI may be denied. In that case, there is a procedure for review.
- To request an amendment of PHI. You can ask that certain information be deleted, modified, or added to your records. Again, your request may be denied and there is a review procedure.
- To have any complaints you make about my policies and procedures recorded in your PHI.
- To receive an accounting of disclosures of PHI stating when and to whom information has been released.

## **Effective Date and Changes to Privacy Policy**

This PHI policy is effective beginning January 11, 2019. In case this policy should be modified while you are my patient, you will be provided with the revised policy.