

# Notice of Privacy Practices

I want you to understand that I respect your privacy. This notice describes how health information about you may be used and disclosed and how you can get access to it. Please review carefully.

1. Your medical records are used to provide treatment, bill and receive payments, and conduct healthcare operations. Examples of these activities include but are not limited to review of treatment records to ensure appropriate care, electronic or mail delivery of billing for treatment to you or other authorized payers, appointment reminder telephone calls, and records review to ensure completeness and quality of care. Use and disclosure of medical records or communications is limited to the internal use outlined above except required by law or authorized by the patient/client.
2. It may be necessary for me and my staff to use your health information, treatment records, and billing records for quality control purposes or for other administrative purposes to efficiently and effectively run our practice.
3. I or members of the practice staff may need to use your information (e.g., name, address, phone number) to contact you to provide appointment reminders, information about treatment alternatives, or other health-related information that may be of interest to you. In the event that we need to contact you, a general message will be left on your answering machine.
4. Federal and State laws require abuse, neglect, and threats to be reported to social services or other protective agencies. If such reports are made, they will be disclosed to you or your legal representative unless disclosure increases risk of further abuse, neglect, violence, or threats.
5. Permitted uses and disclosures without your consent or authorization: I am permitted or required to use or disclose your health information without your consent or authorization in these following circumstances (although due to the nature of this practice, these would be highly unusual and unlikely situations):
  - a. If I am providing services to you based on the orders of another health care provider
  - b. If I provide health care services to you in an emergency or disaster relief situation

- c. If I am required by law to treat you and I am unable to obtain your consent after attempting to do so
  - d. If I provide health care services to you as a result of a Workers' Compensation injury
  - e. If you are a military service member, I am required by military command authorities to release your health information
  - f. If I provide health care services to you as an inmate
  - g. If there are substantial barriers to communicating with you, but in my professional judgment, I believe that you intend for me to provide care
- 6. Disclosed information will be limited to the minimum necessary. You may request an account for any uses or disclosures other than those described in Sections 1 and Sections 2.
- 7. You, or your legal representative, may request your records to be disclosed to yourself or any other entity. Your request must be made in writing, clearly identify the person authorized to request the release, specify the information you want disclosed, the name and address of the entity you want the information released to, purpose and the expiration date of the authorization. Any authorization provided may be revoked in writing at any time. Psychotherapy notes are part of your medical records. We will not be able to honor your revocation request if we have already released your health information before we received your request to revoke your authorization. We have 30 days to respond to a disclosure request and 60 days if the record is stored off site.
- 8. Your rights:
  - a. Accounting: You may request an accounting, which is a listing of entities or persons to whom we have disclosed your health information without your written authorization. The accounting would not include information as stated in Section 1. The request must be made in writing. We will have 60 days to respond to you.
  - b. Amending: You may request corrections to your records in writing if you feel that your health information we have about you is incomplete or incorrect. We will respond to you within 60 days. We may deny your request; if we do, we will note your concern and provide an explanation.
  - c. Right to inspect and obtain copies of records: You have the right to inspect and obtain a copy of your records unless your psychologist believes that disclosing this information may harm you. You may request a copy of your records in writing. We will have 30 days to respond. There will be a fee for processing your request (reasonable fees for copying/supplies, as noted in office policies). Additionally, you have the right to request records be sent to a third party.
  - d. Right to request restrictions: You have the right to ask us to restrict uses or disclosures as noted in Section 1 if applicable; we do not have to

agree. You may make your request for a restriction in writing. We will inform you whether we agree to the request. If an agreement is made to restrict use or disclosure, we will be bound by such restriction until revoked by you or your legal representative orally or in writing except when disclosure is required by law or in an emergency. We may also revoke such restrictions but information gathered while the restriction was in place will remain restricted by such an agreement. Disclosure of information will not be made to health insurers since this practice does not accept insurance-based payment; no disclosures will be made to health insurers of information related to services that were paid for out of pocket.

e. Confidential communications: You have the right to request communication with you about your health in a certain way (e.g., contacting you a certain way, by phone, mail, etc.). You may make a request in writing.

f. Right to paper copy of this notice.

- a. Right to restrict disclosures: Right to prohibit disclosures to health insurers of information related to services that were paid for out of pocket and in full.
9. A request for disclosure may be denied under the following circumstances: disclosure would likely endanger the life or physical safety of you or another person, requested information references other persons, except another healthcare provider, or if released to a legal representative would likely result in harm.
10. If a request for disclosure is denied for reasons outlined in Section 6, you or your legal representative may request review of the denial. A review will be concluded within 30 days.
11. Sensitive health information: Steps will be taken to protect certain information (e.g., HIV status; disability status). In the event that you request records to be released and the records contain such sensitive information, you may authorize release of a treatment summary that does not contain this information. Alternatively, you may authorize disclosure of this information by completing the appropriate authorization for disclosure form.
12. Emergency transfer of care: In the event of my unexpected death at the time I am practicing as a psychologist, the practice manager or legal designee will contact you to coordinate transfer of your care to another provider or clinic or referral source identified by us as part of an emergency transfer of care plan. It will be your responsibility to set-up services with your new provider after contacted by the practice manager or legal designee. You may obtain copies of your records through the medical record custodian used by this practice; medical record custodian contact information will be provided by the practice manager or legal designee.

13. Right of decedents: Rights apply to persons who have been deceased for 50 years or less. Disclosures related to a decedent's health information are permitted if made to family members or others who were involved in the decedent's health care or payment for care prior to death, unless doing so would be inconsistent with any prior expressed preference or if the individual is known to the covered entity or business associate.
14. If you wish to complain about privacy related issues you may contact the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington DC, 20201. In any case there will not be any retaliation against you or your legal representative for filing a complaint.
15. Personal information and personal health information will not be sold by the practice.
16. The practice has a duty to notify affected individuals in the event of a security breach of data in writing within 60 days.
17. I am required by law to maintain the privacy of your health information. I am also required to provide you with this notice of my legal duties and my privacy practices with respect to your health information. I must abide by the terms of this notice while it is in effect. However, this agreement may be modified or amended as required by law or in the course of health care operations. If I make a change in our privacy terms, the change will apply for all of our health information in our files.

I HAVE READ AND UNDERSTOOD THIS PRIVACY NOTICE AND MY RIGHTS CONCERNING USE AND DISCLOSURE OF PROTECTED HEALTH CARE INFORMATION.

Individual or Legal Representative (please print)	Date
Signature of Individual or Legal Representative	Date