



## **Notice of Policies and Practices to Protect the Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Introduction:**

This notice describes how I handle information about you—how I use this information here in the office, how I might share it with other professionals and organizations, and how you can have access to it. It is important for you to understand these policies so that you can make the best decisions for you and your family about your personal health information. I am also required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Each time you visit any health care provider, information is collected about your physical and mental health. The information is called, according to HIPAA, Protected Health Information (PHI). This information goes into your healthcare record in my office. This information is likely to include the following:

- Your past history: childhood, school, work and marital history
- The reason you sought treatment
- Your diagnosis (a medical term for your symptoms or problems)
- Progress notes: Each time you come in I write down some information about how you are doing and what you tell us.
- Records from others who treated or evaluated you
- Information about any medications you are taking
- Legal matters
- Insurance and billing information

I use this information to plan your treatment, to evaluate how effective the treatment is, or to communicate with other professionals who are also working with you. Privacy is a very

important concern for everyone who comes in this office, and I will take the utmost care to protect your privacy and the privacy of your records. Because the HIPAA rules are so complicated and some parts of this notice are extremely detailed, please ask me if there is anything that you think needs more explanation.

## **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- *"PHI"* refers to information in your health record that could identify you.
- *"Treatment, Payment and Health Care Operations"* (TPO)
  - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist.
  - *Payment* is when I obtain reimbursement for your healthcare. I may disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- *"Use"* applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *"Disclosure"* applies to activities outside of my office such as releasing, transferring, or providing access to information about you to others.

## **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for other purposes than treatment, payment, or health care operations(TPO) when your appropriate authorization is obtained. An *"authorization"* is written permission above and beyond the general consent that allows me only specific disclosures. When I am asked for information for purposes outside of TPO, I will get an authorization from you before sending this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. *"Psychotherapy Notes"* are notes I have made about our conversation during a private, group, joint, or family counseling session, and are kept separate from the rest of your medical record. These notes are given more protection than PHI.

You may revoke all authorizations (of PHI or Psychotherapy Notes) at any time, as long as it is in writing. You may not revoke an authorization to the extent that (1) I have relied on that

authorization or (2) if the authorization was obtained as a condition of obtaining insurance coverage.

**It is my policy that, except when I send information to your insurance company, I will have you sign a specific authorization form before I release any of your Protected Health Information. This is true even when using the information for the purposes of Treatment, Payment, or Healthcare operations described above. In all cases when information about you is released, I will disclose only the minimum amount of information necessary to address the purpose of the request.**

### **III. Uses and Disclosures Not Requiring Consent or Authorization**

I may use or disclose PHI without your consent or authorization in the following situations:

- *Child Abuse* – If I have reasonable cause to suspect or believe that any child under the age of eighteen years (1) has been abused or neglected, (2) has had non-accidental physical injury, or injury which isn't consistent with the history given of the injury, or (3) is placed at imminent risk of serious harm, then I am required by law to report this suspicion or belief to the appropriate authority.
- *Adult and Domestic Abuse* – If I know or in good faith suspect that an elderly individual or an individual, who is disabled or incompetent, has been abused, I may disclose the appropriate information as permitted by law.
- *Health Oversight Activities* – If a professional oversight organization is investigating my practice, they may subpoena records relevant to such investigation.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records, this information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If I believe in good faith that there is risk of imminent personal injury to you or to other individuals or risk of imminent injury to the property of other individuals, I may disclose the appropriate information as permitted by law.
- *Worker's Compensation* – I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's

compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

#### **IV. Client's Rights and Therapist's Duties**

##### **Client's Rights:**

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Location* – You have the right 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. On your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

##### **Therapist's Duties:**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you by U.S. mail or in person during our session.
- When information is disclosed, I will disclose the minimum amount of information necessary to address the reason the information was requested.

## **V. Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact Karel Rubinstein, Ph.D., privacy officer for Spectrum Psychotherapy Centers. She can be reached at 860-693-8020.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Privacy Officer can provide you with the appropriate address upon request.

## **VI. Effective Date**

This notice will go into effect on April 1, 2003.