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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.

Your Health Care Provider's Legal Duty:

Your treatment provider is required by applicable federal and state law to maintain the privacy of your health information. Your treatment provider is also required to give you this Notice about privacy practices that are described in the Notice while it is in effect. This Notice takes effect 4/14/03 and will remain in effect until it is replaced.

Your treatment provider reserves the right to change privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Your treatment provider reserves the right to make changes in the privacy practices and the new terms of the Notice effective for all health information that he/she maintains, including health information he/she created or received before changes were made. Before your treatment provider makes significant changes in the privacy practices, he/she will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time.

I. Uses and Disclosure for Treatment, Payment, and Health Care Operation

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

- *PHI* refers to information in your health record that could identify you
- Use applies only to activities within the office such as sharing, employing, applying, or providing access to information about you to other parties.
- *Disclosure* applies to activities outside of the practice, such as releasing, transferring, or providing access to information about you to other parties.
- *Authorization* is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.
- *Treatment, Payment, and Health Care Operations*
 - *Treatment* is when your health care provider provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when your provider consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when your health care provider obtains reimbursement for your healthcare. An example of payment is when your health care provider discloses 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 the 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.

II. Other Uses and Disclosures Requiring Authorization

Your health care provider may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances, when your treatment provider is asked for information for purposes outside of treatment, payment, or health care operations, your health care provider will obtain an authorization from you before releasing this information.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your health care provider 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.

III. Uses and Disclosures without Authorization

Your health care provider may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse-If your treatment provider has reasonable cause to believe a child known to the treatment provider in that provider's professional capacity may be an abused or neglected child, the provider must report this belief to the proper authorities.
- Adult and Domestic Abuse- If your treatment provider has reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, the provider must report this belief to the appropriate authorities.
- Health Oversight Activities- Your health care provider may disclose protected health information regarding you to a health oversight agency for oversight activities unauthorized by law, including licensure or disciplinary actions.
- Judicial and Administrative Proceedings- If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and your health care provider must not release such information without a court order. Your health care provider can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization 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 must be informed in advance if this is the case.
- Serious Threat to Health or Safety- If you communicate to your health care provider a specific threat of imminent harm against another individual or if your provider believes that there is a clear, imminent risk of physical or mental injury being inflicted against another individual, your provider may make disclosures that your provider believes are necessary to protect that individual from harm. If your provider believes that you present an imminent, serious risk of physical or mental injury or death to yourself, your provider may make disclosures your provider considers necessary to protect you from harm.
- Worker's Compensation- Your health care provider 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 similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Provider's Duties

Patient's Rights

- Right to Request Restrictions- You have the right to request restrictions on certain uses and disclosures of protected health information. However, your health care provider is not required to agree to a restriction you request, but if they do, they will abide by your agreement (except in emergency)
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations- You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. You must make your request in writing. (For example, you may not want a family member to know you are seeing a treatment provider. On your request, your provider 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 your provider's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, your treatment provider will discuss with you the details of the request for access 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. Your treatment provider may deny your request. On your request, your treatment provider 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, your treatment provider 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 your provider upon request, even if you have agreed to receive the notice electronically.

Provider's Duties

- Your treatment provider is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- Your treatment provider reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however your provider is required to abide by the terms currently in effect.
- If your treatment provider revises these policies and procedures you will be notified by mail or handed a revision by your treatment provider.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision your treatment provider makes about access to your records, or have other concerns about your privacy rights, you may speak to your treatment provider and address questions or concerns at hand. You may also send a written complaint to the Secretary of the U.S Department of Health and Human Services. Your provider will provide you with the address to file your complaint with the U.S Department of

Health and Human Services, upon request. You have specific rights under the Privacy Rule. Your treatment provider will not retaliate against you for exercising your right to file a complaint.