

Notice of Health Information Practices

This notice describes how information about you may be used and disclosed and how you can access this information. Please review it carefully. I will also be obtaining your written acknowledgement that you had the opportunity to review this notice.

The HIPAA law, which was designed to protect each citizen's personal health information, requires some fairly extensive information to be given to you. I hope you will carefully read this information, not just in relationship to your work with me but also in terms of other health providers. If, when you are finished reading this information, you want to recycle the form, return it to me. Otherwise, take it with you for your files. This information is in two parts. The first part is the disclosure part—it is the longest. I have used both official legal language but also tried to explain it in everyday language. The second part is a summary of it and I need your signature on that form stating that you have been given this information. If you refuse to sign that form for some reason, I am still required to put it in your folder with a note that you were given the form.

Understanding Your Health Record/Information (HIPPA part 1)

Each time you visit a hospital, physician, or other healthcare provider such as a psychologist, a record of your visit is made. Typically, this record contains your symptoms or concerns, examination and test results, diagnoses, treatment, and a plan for future care or treatment. In my office, it includes themes of what we have discussed and sometimes quotes of what you have said so that I can remember your wording. This information, often referred to as your health, therapy or medical record, serves as the:

- basis for planning your care and treatment
- history of our work together
- means of communication among the many health professionals with whom you want me to share information
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool to assess and to improve the care rendered and its outcomes

Understanding what is in your record enables you to ensure its accuracy. Understanding how your health information is used helps you to better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others. By reading this notice and signing the acknowledgement form, you are allowing me to use, access and disclose your health information for the purposes of treatment, getting payment for my work with you, and carrying out health operations.

Your Health Information Rights

PHI" (Protected Health Information) refers to individually identifiable health information. PHI includes any identifiable health information received or created by my office or me. Although your health record is the physical property of my office, the information belongs to you.

You have the right to:

- obtain a paper copy of the notice of information practices upon request (but will need to pay for having it copied)
- inspect your health record
- request an amendment to your health record
- add your own notes to it (this is not required by law—I just think you should have such a right)
- obtain a list of any disclosures of your health information
- request communication of your health information by alternative means or to an alternative location (such as a different address from your home)

- revoke your authorization to use or disclose health information except to the extent that action has already been taken or that it was disclosed before 4/14/03
- request (in writing please) a restriction on certain uses and disclosures of your information (I will seriously consider such requests but have a right to refuse them. If I accept them, I will honor such an agreement to the best of my ability.)

My Responsibilities are to

- Respect and maintain the privacy of your health information
- Provide you with the information you are reading here and abide by the terms of this notice
- Discuss with you and tell you honestly if I am unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or to an alternative location
- Protect privacy about a deceased individual as long as the information is maintained
- To store and protect your records for seven years, by state law, and to destroy old records in a manner that your privacy is protected.

I may change any of the procedures described here but promise to provide you with a written notice of changes at your next meeting with me. I will also post the current copy of this document on the bulletin board in my office.

I will not use or disclose your health information without your authorization, except as described in this notice.

Confidentiality of mental health, alcohol and drug abuse information

The confidentiality of mental health, alcohol and drug abuse patient records is protected by federal law and regulations. I am not allowed to disclose to anyone whether you are a client or give any other information, including your personal and private health information (PHI) except

- If you give written consent for disclosure
- The disclosure is required by a court order or a court orders your mental evaluation
- You become involved in a lawsuit where you or your lawyer raises your mental or emotional condition as an element of your claim
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel in an audit
- You file a workman's compensation cased (under state law, I may be required to share my therapy files with the WC company);
- You indicate you are planning to do grave harm to your self or someone else
- You indicate that you are abusing a child or disabled person or that you are being abused and are a child or disabled person. Here is the more legal language related to this:

Child Abuse: If I have reasonable cause to believe that a child with whom I have had contact has been abused I may be required to report the abuse. Additionally, if I have reasonable cause to believe that an adult with whom I have had contact has abused a child, I may be required to report the abuse. In any child abuse investigation, I may be compelled to turn over PHI. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

If I have reasonable cause to believe that a mentally ill or developmentally disabled adult, who receives services from a community program or facility has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that any person with whom I come into contact has abused a mentally ill or developmentally disabled adult, I may be required to report the abuse. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

Other Abuse: I may have an ethical obligation to disclose your PHI to prevent harm to you or others.

Violation of the federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Uses of your health information

Treatment

Treatment includes providing care to you, coordinating your care with other professionals, and consultation with other experts to improve your care. It includes sharing information with your medical doctor or future therapists, if you ask me to do so. You are required to sign a release of information, separate from this form for me to give identifiable information to anyone, including your doctor.

I may, however, without additional consent, discuss some aspect of your case with another licensed mental health consultant, so long as I do not provide information that would lead this person to be able to identify you. Once a month, I meet with four other psychologists. We have been meeting for more than 10 years as a consultation group to discuss issues for which we need additional input. I usually will tell you before I do this and explain why I am consulting. Identifiable information about clients is not used. The reasons for such consultations are to get input on ways to assist you better.

Payment

Payment includes disclosures required for certification of sessions from your insurance carrier if you are using insurance, billing, receiving payment from your insurance company, reviews and quality control practices required by your insurance company. For instance, common insurance billing forms require your name, address, employer, SS#, and information about your insurance plan as well as a diagnosis. I am happy to show you one of these forms if you ask. Some insurance companies or 3rd party payers require much more information, especially if you ask for additional sessions. I will fill these forms out with you during your sessions so that you know what is going to your company. You need to know that they often will refuse to pay for sessions if this information is not provided.

Regular health care operations

Health Care Operations include administrative and business functions such as billing, collections for unpaid bills, filing of charts, and mailings from this office to you. I may also email you or call you to discuss your appointment or check to see how you are doing. At the current time I do all of these functions myself, but I reserve the right to hire someone, train them in confidentiality, and have them take over some of this work. I will continually supervise any one who is working for me.

Finally, federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

Office for Civil Rights

Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building, Room 509H
Washington, D.C. 20201
Phone: 866-627-7748 TTY: 886-788-4989 Email: www.hhs.gov/ocr