

## NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY YOUR PERSONAL 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. MY PRACTICE IS COMMITTED TO PROTECTING YOUR PRIVACY AND CONFIDENTIALITY.**

### **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 mental health record that could identify you.
- **“Treatment, Payment and Health Care Operations:”**
  - *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 psychologist.
  - *Payment* is when my practice obtains reimbursement for your healthcare. Examples of payment are when I 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 at 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.
- **“Use”** applies only to activities within my practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **“Disclosure”** applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.
- **“Consent”** refers to permission that you give, such as agreeing to allow the practice to notify your insurance company that you are in treatment so that you can receive reimbursement for services rendered.

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

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission from you that permits only specific disclosures. In instances when I am asked to provide information about for purposes outside of treatment, payment, and health care operations, I will obtain authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already acted on that authorization;

or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **III. Uses and Disclosures with Neither Consent Nor Authorization**

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

- *Child Abuse:* If I have reasonable cause to believe that a child has been subject to abuse or maltreatment, I must report this immediately to the statewide central register of child abuse and maltreatment, or the local Child Protective Services agency.
- *Adult/Elder Abuse:* If I have reasonable cause to believe that a vulnerable adult or elderly person is the subject of abuse, neglect, or exploitation, I must report the information to the local Adult Protective Services agency.
- *Health Oversight:* If there is an inquiry or complaint about my professional conduct to the New York State Board for Psychology, I may be compelled to testify before the Board and produce your confidential mental health records relevant to this inquiry
- *Judicial or Administrative Proceedings:* If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I must inform you in advance if this is the case.
- *Serious Threat to Health or Safety:* If you communicate a threat to do serious physical violence against yourself, a readily identifiable victim, or the public, I may disclose your confidential information to protect you or others.
- *Worker's Compensation:* If you file a worker's compensation claim, and I am treating you for the issues involved with that complaint, then I may be required to release information from your mental health records to the Worker's Compensation Board.

### **IV. Patient's Rights and Psychologist'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 about you. However, I am not required to agree to a restriction you request.
- *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. For example, you may not want a family member to know that you are seeing a therapist. Upon 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. At 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. Please be aware that I may deny your request; however, I will discuss with you the details of the amendment process at your request.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section II of this Notice). At 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 this notice upon request.

#### Psychologist'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 in advance and provide you with a written copy of my revised notice, either in person or by mail.

#### **V. Use of Electronic Means of Communication**

Please note that if you communicate with me via electronic methods (e.g., email, cellphone), these might not be secure. When I send you an email, or you send me an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. If you choose to communicate electronically, you are acknowledging that I cannot ensure the confidentiality of these transmissions and thus waiving privacy protection.

#### **VI. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please discuss these concerns with me. If you believe that your privacy rights have been violated and wish to file a complaint, you may contact the Secretary of the U.S. Department of Health and Human Services.

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

This notice will go into effect on January 1, 2021. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will inform you of any change in advance provide you with a written copy of my revised notice, either in person or by mail. If you are no longer in treatment with me, a revised notice will only be rendered upon your request.