

# HIPAA PRIVACY NOTICE

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

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

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

We 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 the health record that could identify the patient.
- “**Treatment, Payment, and Health Care Operations**”
  - **Treatment** is when we provide, coordinate, or manage health care and other services related to this health care. An example of treatment is when we consult with another health care provider, such as your family physician or another mental health professional.
  - Payment** is when we obtain reimbursement for health care. Examples of payment are when we disclose the **PHI** to your health insurer to obtain reimbursement for health care or to determine eligibility or coverage.
  - Health Care Operations** are activities that relate to the performance and operation of our 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 our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies the patient.
- “**Disclosure**” applies to activities outside of our office, such as releasing, transferring, or providing access to information 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.

### II. Other Uses and Disclosures Requiring Authorization

We 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 we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also obtain an authorization from you before using or disclosing **PHI** in a way not described in this notice. 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) we have 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 with Neither Consent nor Authorization

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

- **Child Abuse**---If we believe or have reason to believe that a child is a victim of child abuse or neglect, we must file a report with the appropriate authorities, usually the local child protection service. Once such a report is filed, additional information may be required.
- **Adult and Domestic Abuse**-- If we believe or have reason to believe that an individual is an endangered adult, this report must be reported to the appropriate authorities, usually the adult protective services unit. Once the report is filed, additional information may be required.
- **Health Oversight Activities**-- If the Indiana Attorney General's Office is conducting an investigation into our practices, then we are required to disclose **PHI** upon receipt of a subpoena.
- **Judicial and Administrative Proceedings**--If the patient is involved in a court proceeding and a request is made for information about the professional services provided and/or the records thereof, such information is privileged under state law, and we will not release it without the written authorization of you or your legally appointed representative or a court order. This privilege does not apply when the patient is being evaluated for a third party or where the evaluation is court ordered. You will be informed of it.

- ***Serious Threat to Health or Safety***--If the patient communicates an actual threat of physical violence to cause serious injury or death against a reasonably identifiable victim or victims or evidences conduct or makes statements indicating imminent danger that the patient will use physical violence or other means to cause serious personal injury or death to others, we may be required to disclose information to prevent that harm from occurring. If we have reason to believe that the patient presents an imminent, serious risk of physical harm or death to himself/herself, we may need to disclose information to protect him/her. In both cases, we will only disclose what we believe to be the minimum information necessary. Actions may include notifying the potential victim, contacting the police, or seeking to hospitalize the patient.
- ***Worker's Compensation***--We may disclose protected health information regarding the patient 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.
- ***Other***—When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and Indiana's confidentiality law. This includes certain narrowly- defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

#### **IV. Patient's Rights and Practitioners' Duties**

##### **Patient's RIGHTS:**

- ***Right to Request Restrictions***--There is the right to request restrictions on certain uses and disclosures of protected health information. We are not required to agree to a restriction requested.
- ***Right to Receive Confidential Communications by Alternative Means and at Alternative Locations***--There is 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 about your treatment. On your request, bills can be sent to another address.
- ***Right to Inspect and Copy***--There is the right to inspect or obtain a copy (or both) of **PHI** in our mental health and billing records used to make decisions about the patient for as long as the **PHI** is maintained in the record. Your access to **PHI** may be denied under certain circumstances, some of which you may have reviewed. If you ask, the details of the request and denial process will be discussed with you.
- ***Right to Amend***--There is the right to request an amendment of **PHI** for as long as the **PHI** is maintained in the record. Your request may be denied. If you ask, the details of the amendment process will be discussed with you.
- ***Right to an Accounting***--There is the right to receive an accounting of disclosures of **PHI**. On your request, the details of the accounting process will be discussed.
- ***Right to Restrict Disclosures When You Have Paid for Your Care Out-Of-Pocket***—You have the right to restrict certain disclosures of **PHI** to a health plan/insurance company when you pay out-of-pocket in full for our services.
- ***Right to be Notified if There is a breach of Your Unsecured PHI***—You have a right to be notified if: (a) there is a breach (a use or disclosure of your **PHI** in violation of the HIPAA Privacy Rule) involving your **PHI**; (b) that **PHI** has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your **PHI** has been compromised.

##### **PRACTITIONERS' DUTIES**

- We are required by law to maintain the Privacy of **PHI** and to provide you with a notice of our legal duties and privacy practices with respect to **PHI**.
- We reserve the right to change the privacy policies and practices described in this Notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

#### **V. Complaints**

If you are concerned that we have violated these privacy rights, or you disagree with a decision we made about access to the records, you may contact Beth L. Fineberg, Ph.D. or William H. Cook, LCSW at this office. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Those listed above can provide you with the appropriate address upon request.

**THIS NOTICE IS IN EFFECT.**