

HIPAA NOTICE FORM

Notice of Psychologist's Policies and Practices to Protect the Privacy of your Patient's 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 CAREFULLY.

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 written authorization. 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"

-*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 I obtain 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 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, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities within my [office, clinic, practice group, etc.] 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.

II. Other Uses and Disclosures Requiring Authorization

When your appropriate authorization is obtained, I may use or disclose PHI for purposes outside of treatment, payment, or health care operations. In such instances, I will obtain an authorization from you before releasing this information. I will also obtain authorization from you before releasing your psychotherapy notes. "*Psychotherapy Notes*" are notes I have made about our conversations during an individual, group, family, or couples therapy session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than "Private Health Information (PHI)".

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation 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. Law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures without Authorization

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

Child Abuse – If I have reason to believe that a child has been subjected to abuse or neglect, I must report this belief to the appropriate authorities.

Adult and Domestic Abuse – I may disclose protected health information regarding you if I reasonably believe that you are a victim of abuse, neglect, self-neglect or exploitation.

Health Oversight Activities – If I receive a subpoena from the Maryland Board of Examiners of Psychologists or the New York Board of Examiners of Psychologists, I must disclose any PHI requested by the Board.

Judicial and Administrative Proceedings – Confidentiality of your records does not apply when you are being evaluated by a third party or when the evaluation is court ordered. You will be informed in advance if this is the case. If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged and confidential under state law, and I will not release information without your written authorization or a court order.

Serious Threat to Health or Safety of Others – If you communicate to me a specific threat or imminent harm against another individual or if I believe that there is clear, imminent risk of physical or mental injury or death being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.

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 PHI. 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 me. On your request, I will send your bills to an alternate address.

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in the 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. In some cases, you may have this decision reviewed. You have the right to inspect or obtain a copy (or both) of psychotherapy notes unless I believe the disclosure of the record will be injurious to your health. On your request, I will discuss with you the details of the request and denial process for both PHI and psychotherapy notes.

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.

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 while your treatment is on-going, I will place a copy of the new policies in your chart and discuss the revisions with you.

V. Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision about access to your records, you must contact The Board of Examiners of Psychologists in Baltimore, Maryland or New York, New York. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The agencies listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on April 14, 2003. I will limit the uses or disclosures that I will make according to agreed upon limitations between you, the client, and me, as indicated in the relevant sections above.

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. If your treatment is on-going at the time the new notice goes into effect, I will discuss the changes, provide you with a revised notice at the session in which we discuss the changes, and I will place a copy in your chart.

I acknowledge having received a copy this Notice form.

Patient Signature _____

Printed Name _____

Date _____

rev 10/23