

## **HIPAA Notice of Psychologist's 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.

PLEASE REVIEW IT CAREFULLY.

I WILL ASK YOU TO ACKNOWLEDGE RECEIPT OF THIS NOTICE WITH YOUR SIGNATURE DURING OUR FIRST APPOINTMENT.

1. **Uses and Disclosures for Treatment, Payment, and Health Care Options.** I may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your written consent. 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 a psychiatrist.
    - *Payment* – is when I obtain reimbursement for your health care. 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 quality of my practice. Examples include quality assessment or improvement activities, accounting audits or other administrative services, case management and care coordination.
  - “*Use*” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
  - “*Disclosure*” applies to activities outside of my office, 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.
2. **Other Uses and Disclosures Requiring Authorization**

I 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 I am asked for information for purposes outside treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes I have made about our conversations during an individual, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than 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.

3. **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 PHI regarding you if I reasonably believe that you are the victim of abuse or neglect. I must report this belief to the appropriate authorities.

- **Health Oversight Activities** – If I receive a subpoena from the D.C. Board of Psychology investigating me or my practice, I must disclose any PHI requested to the Board.
- **Judicial and Administrative Proceedings** – 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 under state law. I will not release this information without your written 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 will be informed in advance if this is the case.
- **Serious Threat to Health or Safety** - If you communicate to me a specific threat of imminent harm against another individual or, if I believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe you present an imminent, serious risk of physical harm, mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm

#### 4. 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 communication to another address.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of the PHI in my mental health and billing records. This right to inspect or obtain a copy exists for as long as the PHI is maintained in the record. I may deny you access to PHI under certain circumstances, but 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 Psychotherapy Notes 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 of Privacy Practices (i.e., this document) 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.e., this document).
- 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 intend to revise my privacy policies and procedures, I must tell you how you will receive the revised notice of privacy policies and procedures.

#### 5. 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, you may contact me at any time. Nadia Greenspan, LCPC CGP 847.219.8689.
- If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at the mailing address on this notice.
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

- o You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

6. **Effective Date, Restrictions, and Changes to Privacy Policy**

- o This notice goes into effect on May 15, 2015.
- o I reserve the right to change the terms of this notice and to make the new notice provisions for all PHI that I maintain. I will provide you with a revised notice in writing either in person or at your last provided mailing address.

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Signature

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Date