

HIPAA notice; September 2013

### **Notice of Privacy Practices relative to HIPAA**

As a psychologist, I am committed to protecting your privacy and confidentiality to the full extent of the law. This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice conforms to the Federal Health Insurance Portability and Accountability Act (HIPAA) effective April 14, 2003. It also conforms to the health care privacy laws of Texas. Please review it carefully.

#### **I. Uses and Disclosures**

According to Federal Law, I may use or disclose your **protected health information (PHI)** for treatment, payment, and health care operations purposes with your consent. PHI refers to information in your health record that may be used to identify you. This includes the **minimum possible information** about therapy such as dates, diagnosis, medications, crisis risk, symptoms, test results, billing, and treatment plans. This record does not include any detailed written psychotherapy notes I may keep about our work together. Psychotherapy notes are separate records and are given more privacy and confidentiality protection by law.

“Use” refers to activities within my practice such as sharing, employing, analyzing information that identifies you; “Disclosure” refers to activities outside of my practice, that is transferring or releasing information to another party.

**Treatment:** When a health care provider provides, coordinates, or manages your health care and other services related to your health care. An example of using or disclosing PHI for treatment may include if I were to consult with another health care provider or provide psychotherapy with another family member present at your request.

**Payment:** When a health care provider obtains reimbursement for your healthcare. Examples of use or disclosure of PHI for payment are when I submit a bill to your health insurer or other requested 3rd party payer to receive payment for your care; or if I use a business associate to submit such claims. If you are using insurance, you have an agreement with them that your record is available for utilization or medical review if needed to approve payment. I may use a business associate for assistance in billing.

**Healthcare operations:** Activities that relate to the performance and operation of my practice. Examples of use or disclosure for healthcare operations may include quality assessment, credentialing, medical or utilization review, audits, appointments etc. In performing such functions, we may rely on certain business associates to assist us.

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

In order to use or disclose your PHI in situations other than those previously discussed, I must obtain your written authorization. This authorization must be obtained before information is released. “Authorization” means that you have provided written permission beyond any general consent form. You may revoke an authorization for future release at any time, provided such revocation is in writing. You may not revoke an authorization related to situations where I may have already relied on such authorization for past use or disclosure. If the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the revocation under the policy. I will also need to obtain an authorization before releasing your psychotherapy notes.

Psychotherapy notes are notes I have made about our conversations during individual, joint, or family counseling sessions, 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 or modify all such authorizations (of PHI or psychotherapy notes) at any time. However, the revocation or modification is not effective until I receive it.

I may use your PHI in order to provide communication about appointments or in relations to charges for missed appointments or late cancellations.

I may use your PHI in order to provide you with verbal referrals to other health related services that may be of interest to you. I will not disclose your PHI for referrals without your consent.

### **III. Uses and Disclosures without Consent or Authorization:**

Disclosure of your PHI without your authorization may include, but is not limited to, sending insurance billing, case management and/or care coordination with your insurance company or HMO, and consulting with your family physician and your other health care providers. However, if you elect to pay out of pocket for services and request your information NOT be sent to health care plan, I will adhere to this keeping your PHI confidential.

In addition, there are some legal circumstances where I may use or disclose your PHI without your written authorization or consent. These include the following:

**Child Abuse:** Whenever I, in my professional capacity, have knowledge of or observe a child (person under the age of 18) I know or reasonable suspect, has been the victim of child abuse or neglect, I must immediately report such to the county Department of Social Services. If asked by the Director of Social Services, I must turn over information from your records relevant to a child protective services investigation.

**Adult and Domestic Abuse:** If I, in my professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the Department of Social Services.

I do not have to report such incident if:

- 1) I am not aware of any independent evidence that corroborates the statement that the abuse has occurred; and
- 2) the elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; and
- 3) in the exercise of clinical judgment, I reasonably believe the abuse did not occur.

**Health Oversight:** If I am the subject of an inquiry by the Texas Board of Psychological Examiners, I may be required to disclose PHI regarding you in proceedings before the Board.

**Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without 1) your written authorization or the authorization of

your attorney or personal representative, 2) a court order, or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides me with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified me that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you in advance if this is the case.

**Serious Threat to Health or Safety:** If you communicate to me a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.

**Minors and Adults With Legal Representatives :** Parents and legal guardians or representatives generally have authority to make decisions about the health care of their children or dependent adults. Thus, they are generally seen as personal representatives and can access PHI about their wards, as well as authorize disclosures and other privacy rights. The three exceptions to this are: If state law allows a minor to access mental health services without the consent of a parent, when someone other than the parent legally makes health care decisions for the minor, and when the parent or guardian assents to an agreement of confidentiality between the me and the minor/dependent. In these cases, the minor/dependent maintains the exclusive rights to the privacy rule. However, if I find in my professional judgment that it would not be in the best interest to share records with the parent or representative guardian, I reserve the right to allow the minor/dependent to maintain privacy, such as for personal safety and security reasons.

**Worker's Compensation:** If you file a worker's compensation claim, I must furnish a report to your employer and the Texas Industrial Commission, incorporating my findings about your injury and treatment, in order to determine your eligibility for worker's compensation.

**Incapacitation Notification:** If you become physically injured and/or incapacitated while in my presence or offices, I may notify a family member, your personal representative, or other listed emergency contact person responsible for your care, of your location, general condition, or death. If you are able, we will provide you an opportunity to object before disclosing any such information. In the event of my death or I become incapacitated and unable to provide care, a designated psychotherapist will use your file to contact you and help determine appropriate follow-up care and/or resources.

**Business Associates:** Any organization or person outside of my practice to whom I might send PHI (such as a lawyer, accountant, billing service or collection agency) must also comply with HIPAA and are contractually bound to protect your privacy. It is my duty to monitor our contract to ensure that the entity is compliant.

**Breach Notification:** If I were to discover that your personal information had somehow been breached (i.e., stolen, improperly accessed, inadvertently sent to the wrong place, or not "secured" with encryption) and was determined to have had a probability of being compromised, you will be given prompt notice.

**Other areas required by Law:** I may need to disclose PHI as required by law and to the extent necessary to comply with Worker's Compensation Claims, National Security and Intelligence Issues, FTC identity theft investigations, etc.

#### **IV. Patient's Rights and Psychologist 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 communication 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. 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 your PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process. You do not have a right to inspect or copy psychotherapy notes, which are not considered part of the Clinical File. However, you may still request to inspect and copy psychotherapy notes or have the disclosed to another licensed health care provider, and in many instances I will comply with the request.

**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 for which you have neither provided consent nor authorization (as described in Section I of this Notice). 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 this notice from me upon request.

##### **Psychologist's Duties :**

I am required by law to maintain the privacy of PHI and to provide you with this 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 and to make the new notice provisions effective for all PHI that I maintain. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I substantially revise my policies and procedures, I will immediately change this notice and place the revised version in the policy documents in my office. I will notify you verbally of such a change at our next meeting and upon request I will provide you with a paper copy of the revised notice.

#### **V. 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 6060 N. Central Expressway, Suite 460, Dallas, Texas 75206 or by phone 714-679-6111.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me at 6060 N. Central Expressway, Suite 460, Dallas, Texas 75206

You may also send a written complaint to the Texas Board of Psychology or the Secretary of the U.S. Department of Health and Human Services. The addresses will be provided to you upon request. You have specific rights under the Privacy Rule. This office will not retaliate against you for exercising your right to file a complaint.

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

This notice is effective September 23, 2013. I reserve the right to change the terms of this notice, make restrictions or limitations, and to make the new notice provisions effective for all PHI that I maintain. A written copy will be provided upon written request. The most recent electronic copy is available on my website, at [www.TotalWellnessConsultants.com](http://www.TotalWellnessConsultants.com).

I acknowledge that I have had an opportunity to review the notice of Privacy Practices for Rebecca Harvey, Psy.D.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date