

HIPAA PRIVACY NOTICE FORM

NOTICE OF PSYCHOLOGISTS' POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

This notice describes how psychological information about you or your child may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Mallory Schneider-Hughes, PhD.

USES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

We 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 health record that could identify you.
- Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
- 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 clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Each member of our group has equal access to your PHI.
- “Disclosure” applies to activities outside of our clinic such as releasing, transferring, or providing access to information about you to other parties.

USES OF 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. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain a separate 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:

- We have relied on that authorization; or
- If the authorization was obtained as a condition of obtaining insurance coverage, and other law provides the insurer the right to contest the claim under the policy.

USES OF 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 have reasonable cause to suspect child abuse or neglect, we must report this suspicion to the appropriate authorities as required by law.

- *Adult and Domestic Abuse* – If we have reasonable cause to suspect you have been criminally abused, we must report this suspicion to the appropriate authorities as required by law.
- *Health Oversight Activities* – If we receive a subpoena or other lawful request from the Department of Health or any Board of Psychology, we must disclose the relevant PHI pursuant to that subpoena or lawful request.
- *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, and we will not release 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 us a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, we may disclose relevant PHI and take the reasonable steps permitted by law to prevent the threatened harm from occurring. If we believe that there is an imminent risk that you will inflict serious physical harm on yourself, we may disclose information in order to protect you.
- *Worker's Compensation* – We may disclose protected health information regarding you 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.

We also may use or disclose PHI without your consent or authorization as it is allowed under other sections of Section 164.512 of the Privacy Rule and the state'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.

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. However, we are 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 us. On your request, we 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 our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we 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. We may deny your request. On your request, we 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 that have been made to persons or entities other than for treatment or health care operations. On your request, we 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, even if you have received the notice electronically.
- *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 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 the right to be notified if:

○ There is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule)

involving your PHI,

- That PHI has not been encrypted to government standards, and
- The clinic’s risk assessment fails to determine that there is a low probability that your PHI has

been compromised.

- *Right to Access Records* – You have the right to access your medical records and financial records for a period of 7 years after the last date of service delivery for adults or until 3 years after a minor reaches the age of majority, whichever is later. This is the longest length of time our office maintains PHI records. If you would like to discuss your records a year or more after you have completed your evaluation, we ask that you schedule a time to meet with the doctors in our office. If you are unable to come to our office, other options may be discussed depending on the nature of the request. We ask that you discuss this request with the examining neuropsychologist. However, we maintain the right to deny a request to discuss PHI over the phone or via email.

Psychologist’s 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.
- If we revise our policies and procedures, the changes will be effective for information we have about you as well as any information we receive in the future. We will provide individuals with a revised notice at the time of their next scheduled appointment.

BREACH NOTIFICATION

A “breach” is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule. PHI is “unsecured” if it is not encrypted to government standards. Examples of a breach include:

- Stolen or improperly accessed PHI;
- PHI inadvertently sent to the wrong provider; and
- Unauthorized viewing of PHI

A use or disclosure of PHI that violates the Privacy Rule is presumed to be a breach unless we demonstrate that there is a “low probability that PHI has been compromised.”

Please note: In regards to communicating with our office, the safest (i.e., most protected) form of communication is via phone. Emails are not encrypted and therefore are more vulnerable to a breach of PHI. However, we are still happy to correspond with you via email if that is your preferred method of communication.

QUESTIONS AND COMPLAINTS

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Mallory Schneider, PhD.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Mallory Schneider, PhD. If your situation has not been resolved, you may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

Effective Date

This notice shall go into effect August 1, 2021 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.

ACKNOWLEDGMENT OF RECEIPT OF THE NOTICE

I understand that my records are protected by Federal and/or State confidentiality laws and that they cannot be disclosed without my written consent unless otherwise provided for in the laws and the regulations. I acknowledge that the information to be released was explained to me and this consent is given of my own free will. I understand that information used or disclosed may be subject to re-disclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule

Name of Client: _____

If a Minor, Name of Legal Representative: _____ Date: _____

Client's Signature: _____

If a Minor, Signature of Legal Representative: _____ Date: _____