

NOTICE OF PRIVACY PRACTICES AND PSYCHOLOGISTS' POLICIES

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

I understand that the psychological and medical information you give me is highly personal, and I am committed to protecting this information. I am required by federal and state laws to handle this information in certain ways, and to give you this Notice of Privacy Practices and Psychologists' Policies. To comply with these laws, I ask that you read this Notice and then sign an acknowledgement form that states that you have been offered a copy of this Notice for your records.

By law, I am allowed to use and disclose protected health information about you for three purposes: treatment, payment, and health care operations. If any protected health care information (PHI; information in your health record that could identify you) is to be used for any other purpose, a written authorization from you will be required.

Uses and Disclosures

1. Treatment includes the provision, coordination, diagnosis, and management of your health care. This includes, for example, the coordination of care with your primary care physician, which might involve the disclosure of psychological information to your primary care physician or other health care providers in order to facilitate the care you receive.
2. Payment includes everything related to how I or my billing service obtain reimbursement for your healthcare. This includes billing you directly, giving PHI to your insurance company (e.g., to file claims or complete treatment plans), or giving your name and information to a collection agency if you do not pay your bill after repeated attempts to collect payment have been made.
3. Health Care Operations are activities that relate to the performance of 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 coordination of care.

I participate in an organized health care arrangement through OhioHealth Group, Ltd. (Health4). Health4 consists of an organized system of health care in which multiple covered entities participate. Through Health4, I participate in joint activities that include utilization review, quality assessment and improvement activities, and certain payment activities. I may disclose your PHI to other participants in this organized health care arrangement in order to facilitate the health care operations activities of Health4.

Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations only when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In other words, when I am asked for information for reasons outside of treatment, payment, or health care operations, I will obtain signed authorization from you before releasing the information. This means that I will obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

I will also obtain your authorization before releasing psychotherapy notes; these are notes that are made about your conversation during private, group, joint, or family counseling sessions and are 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 I have acted upon that authorization, or if the authorization was obtained as a condition of obtaining insurance coverage.

#### Uses and Disclosures with Neither Consent nor Authorization

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

- Serious Threat to Health or Safety: If I believe that you or your child pose a clear and substantial risk of imminent serious harm to yourself or another person, I may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. By law, psychologists are required to break confidentiality in these circumstances.
- Abuse or neglect of children, elderly, or other vulnerable adults: If I suspect abuse or neglect of a child, elderly person, or vulnerable adult, I am required by law to report that knowledge or suspicion of abuse or neglect to the appropriate state authorities.
- Treatment of Minors: If under your child is under 18 years of age, parents have the right to obtain information about their treatment. This would be discussed with you and your child.
- Judicial or Administrative Proceedings: If you, or your child, are involved in court proceedings and a request is made for PHI, I will not release such information without written authorization from you or a direct court order. I would discuss with you any direct court order before releasing any PHI.
- Worker's Compensation: If you file a worker's compensation claim, your records are likely to be requested. I would discuss this with you, and you would need to sign an authorization for me to release your information. Your claim is not likely to be considered without the release of your PHI.
- Governmental Oversight: When the use and disclosure without your consent or authorization 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 (e.g., 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

- To request restrictions: You have the right to request restrictions on certain uses and disclosures your PHI. However, I am not required to agree to a restriction you request.
- To receive confidential communications by alternative means and at alternative locations: For example, you might wish to be contacted only at your home, or only at your work. Upon your written request, I would send your bills or contact you at the location or contact number you choose.
- To inspect or copy your health information: You have the right to inspect or obtain a copy of your PHI and psychotherapy notes in my mental health and billing records for as long as the PHI is maintained in the record. By law, I may deny this access under certain circumstances, and you may request that this decision be reviewed by another licensed health care professional. At your request, I will discuss this decision and review process with you. Fees are charged for copying of records following a set formula.

- To amend your health information: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I will add requested information to the record, but no information is deleted. If you request it, I will discuss the amendment process with you.
- To receive an accounting of disclosures of your PHI: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (see the section above entitled “Uses and Disclosures With Neither Consent Nor Authorization). At your request, I will discuss with you the details of the disclosing process.
- To receive a paper copy: You have the right to receive a paper copy of this notice upon your request.
- 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 my 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.

#### Psychologist’s Duties

- I am required by law to maintain the privacy of your PHI and to provide you with a copy of this notice of my legal duties and privacy practices with respect to your PHI.
- I reserve the right to change these privacy policies and practices. However, unless I notify you of such changes, I am required to abide by the terms currently in effect. If I change my privacy policies and practices, I will post such changes in the reception area, and you will be offered a copy of the new policies.

#### Complaints

If you have concerns that I have violated your privacy rights, or you disagree with a decision I made about access to your record, please speak directly with me about this. I serve as the Privacy Officer for my practice. My contact information is at the top of this notice.

You may also submit a complaint to the Secretary of the Department of Health and Human Services. I am prohibited by law from retaliating against you for filing a complaint.

Notice effective date: January 1, 2017