

**NOTICE FORM REGARDING THE HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT (HIPAA)**

Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Patient's Health Information (PHI)

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.

Please be advised that, for the remainder of this document, *Therapist* refers to the specific therapist indicated at the end of this document.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your Therapist 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 Your Therapist provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when Your Therapist obtains reimbursement for your healthcare. Examples of payment are when Your Therapist discloses 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 the 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 this practice group such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of this practice group, 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

Your Therapist 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 your therapist is asked for information for purposes outside of treatment, payment, or health care operations, Your Therapist will obtain an authorization from you before releasing this information. Your Therapist will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes your therapist has made about the conversation during a private, group, joint, or family counseling session, which have been 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) Your Therapist has 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

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

- *Child Abuse* – If your therapist has reason to believe that a child has been subjected to abuse or neglect, the therapist must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – Your Therapist may disclose protected health information regarding you if your therapist reasonably believes that you are a victim of abuse, neglect, self-neglect or exploitation.
- *Health Oversight Activities* – If Your Therapist receives a subpoena from the Maryland Board of Examiners of Psychologists because they are investigating the practice, Your Therapist must disclose any PHI requested by 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, and Vanderhorst and Associates will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated or 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 your therapist a specific threat of imminent harm against another individual or if your therapist believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, your therapist may make disclosures that your therapist believes are necessary to protect that individual from harm. If your therapist believes that you present an imminent, serious risk of physical or mental injury or death to yourself, your therapist may make disclosures he/she considers 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 protected health information. However, Your Therapist is 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 a therapist. On your request, Your Therapist 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 the practice's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your Therapist may deny your 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 the therapist believes the disclosure of the record will be injurious to your health. On your request, the therapist 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. Your Therapist may deny your request. On your request, your therapist 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, your therapist 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 Your Therapist upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties:

- Your therapist is required by law to maintain the privacy of PHI and to provide you with a notice of the legal duties and privacy practices with respect to PHI.
- Your Therapist reserves the right to change the privacy policies and practices described in this notice. Unless Your Therapist notifies you of such changes, however, the practice is required to abide by the terms currently in effect.
- If Your Therapist revises the policies and procedures, Your Therapist will post a revised copy in a prominent place in the waiting room; provide a copy through your therapist at the next session of therapy or mail a copy to you.

V. Complaints

If you believe your privacy rights have been violated, you may file a complaint. This complaint must be in writing and addressed to: Daniel Zimet, PhD - Privacy Officer. You may also contact the Maryland Psychological Association or the Maryland Board of Examiner's of Psychologists for further information. There will be no retaliation for filing a complaint.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The organizations listed above can provide you with the appropriate address upon request.

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

This notice goes into effect on April 14, 2003.

- 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. I will provide you with a revised notice by posting a revised copy in a prominent place in the waiting room, providing a copy through your therapist at the next session of therapy or mailing a copy to you.