

Notice of 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. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your authorization. To help clarify these terms, here are some definitions:

- PHI refers to information in your health record that could identify you and includes notes taken during sessions.
- 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 another psychologist.
 - Payment is when I obtain reimbursement for your healthcare. 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 operation of my practice. Examples of health care operations are quality assessment and improvement activities, and care coordination.
- Use applies 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.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your authorization is obtained. An authorization is written permission above and beyond this general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information except as noted in section III below.

I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice. I will also need to obtain an authorization from you before releasing your psychotherapy notes. These are notes I have made about our conversation during a counseling session. These notes are given a greater degree of protection than PHI.

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 (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- I occasionally find it helpful to consult other health and mental health professionals about you. During a consultation, I do not reveal your identity. The other professionals are also legally bound to keep the information confidential. I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your health record.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If you file a complaint or lawsuit against me, I may be required to disclose relevant information regarding you and your treatment.
- If you file a worker's compensation claim, I am required to provide appropriate information, including a copy of your record, to your employer, the insurer, and/or the Department of Worker's Compensation.
- 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 states confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to health oversight agencies (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.

There are some situations in which I am legally obligated to take actions which are necessary to attempt to protect you or others from harm, and I may have to reveal information about your treatment. These situations are unusual:

- If a client threatens to harm himself/herself, I am obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
- If I have reasonable cause to believe that a child under age 18 is suffering physical, sexual, or emotional injury resulting from abuse or is suffering from neglect, the law requires that I file a report with the Department of Children and Family Services. Once such a report is filed, I may be required to provide additional information.

- If I have reasonable cause to believe that an elderly person is suffering from abuse or neglect, the law requires that I notify Elder Protective Services.
- If I become aware of a situation involving domestic violence, I may have to notify the appropriate agencies, including law enforcement.
- If a client communicates to me an immediate threat of serious physical harm to an identifiable victim or if a client has a history of violence and the apparent intent and ability to carry out the threat, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client.

If such a situation arises, I will make every effort to discuss it with you before taking any action, and I will limit disclosure.

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 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 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. 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 records used to make decisions about you. I may deny you access to 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.
- *Right to Amend* – You have the right to request an amendment of PHI. 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 III of this Notice). On your request, I will discuss with you the details of the accounting process.

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 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. In the event that I revise my policies and procedures, I will post the revisions in my office and have a copy available for you.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you first should contact me. If you feel unsatisfied with my response you may also contact one of my colleagues. These psychologists will discuss with you what your options are and will advise you on a next course of action. I can either provide you with a list of psychologists, or you can find one through the Massachusetts Psychological Association. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

This notice is in effect as of July 25, 2016.

Cynthia Mittelmeier, Ph.D.

Date