



## HIPAA NOTICE FORM—PROTECTION OF PRIVACY

### Notice of Psychologist's 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**

Primary Care Psychology Associates (PCPA) 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. This may include consultation with other clinicians within PCPA.
  - Payment is when PCPA obtains reimbursement for your healthcare. For example, PCPA may 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 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 practice group such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our practice group, such as releasing,



transferring, or providing access to information about you to other parties. Disclosure only occurs with your written permission (See Release of Information form in our Intake paperwork package).

- “Authorization” is your written permission to disclose confidential mental health information.

## **II. Other Uses and Disclosures Requiring Authorization**

PCPA 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 we are asked for information for purposes outside of treatment, payment, or health care operations, PCPA will obtain an authorization from you before releasing this information. PCPA will also need to obtain an authorization before releasing your Psychotherapy Notes.

“Psychotherapy Notes” are notes your therapist has made about your conversation during a private, group, joint, or family counseling session, which your therapist has kept separate from the rest of your 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) I have 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**

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

- Child Abuse – If your therapist has a reasonable cause to believe a child known to them in their professional capacity may be an abused child or a neglected child, they must report this belief to the appropriate authorities.



- **Adult and Domestic Abuse** – If your therapist has a reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, they must report this belief to the appropriate authorities.
- **Health Oversight Activities** – Your therapist may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and your therapist must not release such information without a court order. Your therapist can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your 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 must be informed in advance if this is the case.
- **Serious Threat to Health or Safety** – If you communicate to me 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 they believe 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, they may make disclosures they consider necessary to protect you from harm.
- **Worker’s Compensation** – your therapist 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.



## 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.
- 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. On your request, your therapist will discuss with you the details of the request for access 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. On your request, your therapist will discuss with you the details of the amendment process. Your therapist does have the right to deny your request.
- 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.

### Psychologist's Duties:

- Your therapist is required by law to maintain the privacy of PHI and to provide you with a notice of their 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, they are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you by email or during a session.
- We do not maintain paper charts and store all PHI electronically on a password protected server.



- If sessions are recorded via audio or video for training or supervision purposes, all recorded material will be destroyed or erased within 3 weeks of recording.

## **V. Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made to in regards to your records, you may contact Dr. Laura Higdon, Chief Compliance Officer at (847) 686-0090, ext. 0128.

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.

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

This notice went into effect on April 14, 2011 and was last revised on September 12, 2023.