



HIPAA PRIVACY POLICY

This notice describes how psychological and medical information about you (and your child, if your child is the patient) may be used and disclosed and how you can get access to this information. Please review it carefully.

BACKGROUND: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was enacted by congress to help protect health coverage for workers and their families. It also addresses electronic transaction standards and the need to ensure the security and privacy of health data. We are required by law to maintain the privacy of protected health information, and must inform you of our privacy practices and legal duties. The security and privacy of your protected health information is the subject of this Privacy Notice.

I. Use and Disclosure of Your Protected Health Information for Treatment, Payment, and Health Care Operations

We may use or disclose information in your records for treatment, payment, and health care operations purposes with your consent. Personal health information (PHI) refers to information in a patient's health record that could identify that patient. Use of this information refers only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Disclosure of information refers to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties. Throughout this notice, the term "you" may refer to the individual who is the patient or the individual's parent, legal guardian or adult who has been legally determined to be responsible for the patient.

In providing for your treatment, we may use or disclose information in your record to help you obtain health care services from another provider, or to assist us in providing for your care. For example, we might consult with another health care provider, such as your child's pediatrician or other referring physician, and/or another psychologist.

In order to obtain payment for services, we may use or disclose information from your record, with your consent. For example, we may submit the appropriate diagnosis to your health insurer to help you obtain reimbursement for your care.

We also may use or disclose information from your record to allow health care operations (e.g., quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination).

II. Use and Disclosure Requiring Authorization

Except as described in this notice, we may not make any use or disclosure of information from your record for purposes outside of treatment, payment, and health care operations unless you give your written authorization. In particular, we will need to secure an authorization before releasing psychotherapy notes which we will keep separate from the rest of your treatment records. These are notes we make about our conversations during evaluation and treatment sessions.

You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by your psychologist prior to the revocation. In addition, if the authorization was obtained as a condition of obtaining

insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

III. Use and Disclosure Without Consent or Authorization

There are certain circumstances, listed below, in which your psychologist is allowed (or, in some cases, required) to use or disclose information from your record without your permission:

- **Child Abuse:** If there is known, or if there is reasonable cause to suspect, that a child is or has been abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that the treating psychologist report such knowledge or suspicion to Child and Family Services in the county of residence or appropriate governmental agency. If it is known, or if there is reasonable cause to suspect, that a child has been abused by a non-caretaker, the law also requires that the treating psychologist report to the appropriate Child and Family Services Agency, which may be required to submit the report to other governmental agencies.
- **Adult and Domestic Abuse:** If it is known, or if there is reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, the treating psychologist is required by law to report such knowledge or suspicion to the Central Abuse Hotline or other appropriate governmental agency.
- **Health Oversight:** If a complaint is filed against the treating psychologist with the Ohio Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information relevant to that complaint.
- **Judicial or Administrative Proceedings:** PHI is privileged by state law. If you are involved in a court proceeding and a request is made for your records, we will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform us that you are opposing the subpoena, or a court order. The privilege does not apply if you are being evaluated for a third party, or if the evaluation is court-ordered, or in certain other limited instances. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you/your child (whomever is the identified patient) presents a clear and immediate probability of physical harm to him or herself, to other individuals, or to society, the treating psychologist is required to communicate relevant information concerning this to the potential victim, appropriate family member, or appropriate authorities.
- **Workers' Compensation:** If you file a workers' compensation claim, we may disclose information from your record as authorized by workers' compensation laws.

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 PHI. This request may or may not be honored and will be at the discretion of the treating psychologist.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request to have confidential communications of PHI delivered by alternative means and/or at alternative locations. (For example, you may not want a family member to know that you/your child is being seen at RRBP. Upon your request, it may be able to be arranged that written material be sent to another address.)
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI from treatment notes and/or billing records used to make decisions about you for as long as the PHI is maintained in the record, given your written request. This may be subject to certain limitations and fees. Upon request, your treating psychologist

will discuss with you the details of the request process. Please understand that older records may be destroyed, and therefore no longer available, in accordance with applicable law or standards.

- **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 request must be in writing, and your request may be denied by your treating psychologist.
- **Right to an Accounting:** You have the right to request an accounting of certain disclosures made your treating psychologist. Upon request, the details of the accounting process will be discussed with you.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this information upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- We are 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.
- 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 make significant revisions to the policies and procedures which might affect the privacy of your PHI, we will provide you with a copy of those revisions. If you are still in treatment, you will be provided with a copy of the revisions in the manner permitted by law, generally by hand delivery at your next appointment. As needed, former patients may be mailed a copy of significant revisions to the most recent mailing address on file. Updated notices of my privacy policies will always be available for review upon request.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision that has been made about access to your records, or have other concerns about your privacy rights, please discuss this with your treating psychologist. It is also recommended that such inquiries be done in writing and mailed to the office address for record-keeping purposes.

If you believe that your privacy rights have been violated and wish to file a complaint against your treating psychologist, you may send a written complaint to the office address. You may also make a formal ethics complaint to the American Psychological Association. To do so, send the name of the treating psychologist, your name and address, and a statement about the reason for filing a complaint to APA – Office of Ethics, 750 First Street, NE, Washington, DC, 20002-4242.

You have specific rights under the Privacy Rule. There will not be retaliation against you for exercising your right to file a complaint, in accordance with the provisions of applicable law.

VI. Effective Date, Restrictions and Changes to Privacy Policy

Restriction: In the case of a minor child/adolescent, the minor's legal guardian has the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about the child for as long as the PHI is maintained in the record. However, psychotherapy notes including statements made by a minor during therapy sessions will not be released, in order to protect the minor's right to confidentiality, unless required by law or deemed by the treating psychologist to be in the best interest of the minor.

Restriction: In most cases, we are also prohibited by law from disclosing raw psychological test data and test materials to anyone other than a licensed psychologist qualified to interpret such data.

These HIPAA policies went into effect June 1, 2004.