

# Notice of Policies and Practices to Protect the Privacy of Patient Health Information

## I. Uses and Disclosures for Treatment, Payment, and Operations

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

- “PHI” refers to information in your health record that could identify you.
- “Treatment” is when I provide, coordinate, or manage your health care.
- “Payment” is when I obtain reimbursement for your health care.
- “Operations” are activities that relate to the performance and operation of my practice such as quality assessment and improvement activities, as well as business-related matters such as audits and administrative services.
- “Use” applies only to activities within my office such as sharing, employing, applying, utilizing, and analyzing information that identifies you.
- “Disclosure” applies to activities outside 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, or operations only when your appropriate authorization is obtained. I will also need to obtain your authorization before releasing *Psychotherapy Notes*—notes that I have made in regards to our conversation in sessions which I have kept separate from the rest of your medical record. These notes are given a higher degree of protection than your PHI.

You may revoke all such authorizations at any time, provided such revocation is presented 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 condition of obtaining insurance coverage. 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:

- Child Abuse. If I have reasonable cause to suspect child abuse or neglect, I must report this suspicion to appropriate authorities as required by law.
- Abuse of Dependent Adult. If I have reasonable cause to suspect that an adult in your dependent care has been criminally abused, I must report this suspicion to appropriate authorities as required by law.

- Health Oversight Activities. If I receive a subpoena or other lawful request from the Department of Health or the Michigan Board of Psychology, I must disclose the relevant PHI pursuant to that subpoena or lawful request.
- 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 I will not release information without your written authorization or order. The privilege does not apply when the evaluation or treatment is initiated by court order. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety. If you communicate to me a threat of physical violence against an identifiable person and you have the apparent intent to carry out that threat in the foreseeable future, I may disclose the relevant PHI and take the reasonable steps permitted by law to prevent the threatened harm from occurring. If I believe that there is an imminent risk that you will inflict serious physical harm on yourself, I may disclose information in order to protect you.
- Worker's Compensation. I may disclose PHI 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 Psychologists' Duties

##### Patient's Rights:

- *Right to Request Restrictions.* You have the right to request restrictions on certain disclosures of PHI. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications at an Alternative Location.* If you do not want persons with whom you reside to be aware that you are working with me, you may request for me to send any mailed communications to an alternative address.
- *Right to Inspect and Copy.* You have the right to inspect and/or obtain a copy of PHI in your medical record for as long as the PHI is maintained in the record. I may deny your access to PHI in certain circumstances, but you have the right to have such a denial reviewed.
- *Right to Amend.* You have the right to request an amendment of PHI for as long as the PHI is maintained in your record. I may deny your request, but you have the right to have such a denial reviewed.
- *Right to Accounting.* You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- *Right to Paper Copy.* You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive it electronically.

#### 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 described in this notice, but unless I notify you of such changes, I am required to abide by the terms of this notice.
- If I revise my policies and procedures, I will provide you with a copy.

#### 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 may contact me at the office phone (616) 844-0285.

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

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

This notice will go into effect on April 14, 2003. I reserve the right to change the terms of this notice and to make the new provisions effective for all PHI that I maintain. I will provide you with a revised notice.