

NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INSURANCE

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 consent. To help clarify these terms, here are some definitions:

- *“PHI”* refers to information in your health record that could identify you but doesn’t include details of our conversations.
- *“Treatment, Payment and Health Care Operations”*
 - *Treatment* is when I provide, coordinate or manager 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, business-related matters, such as audits and administrative services, and case management and care coordination.
 - *“Use”* applies only to activities within my practice group, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
 - *“Disclosure”* applies to activities outside of my practice group 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 appropriate authorization is obtained. An “authorization” is written permission above and beyond the 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. I will also need to obtain an authorization before releasing your psychotherapy notes. *“Psychotherapy notes”* are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have 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] 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:

- **Child Abuse:** If I, in my professional capacity, have reasonable cause to believe that a minor child is suffering physical to emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child’s health or welfare [including sexual abuse], or from neglect, including malnutrition, I must immediately report such condition to the Massachusetts Department of Social Services.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an elderly person [age 60 or older] is suffering from or has died as a result of abuse, I must immediately make a report to the Massachusetts Department of Elder Affairs.

- **Health Oversight:** The Boards of Registration for psychologists, social workers and medicine have the power, when necessary, to subpoena relevant records should there be an inquiry regarding your treatment.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and I will not release information without written authorization from you or your legally-appointed representative, 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 will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, I must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. I must also do so if I know you have a history of physical violence and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.
- **Worker's Compensation:** If you file a worker's compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Worker's Compensation.

IV. Patient's Rights and Clinician'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.

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 Kelley O'Neel, Ph.D. or James Sorensen, Ed.D. at (508)747-2718.

If you believe that your privacy rights have been violated and wish to file a complaint with my office, you may send your written complaint to Kelley O'Neel, Ph.D. or James Sorensen, 323 Court Street, Plymouth, MA 02360.

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

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on 4/15/2003.

I will 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 an explanation and a revised notice.

Your signature below indicates that you have received and reviewed the Notice of Policies and Practices to Protect the Privacy of Your Health Information and agree to its terms:

Signature_____

Date_____

Minor's Signature (optional)_____

