

Notice of Policies and Practices to Protect the Privacy of Your Health Information

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THIS NOTICE DESCRIBES HOW PSYCHIATRIC, 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

This office may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes *with your consent*. You will be asked to sign a general consent form when you first begin treatment. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record about you, and that could identify you. For example, your PHI commonly includes your past medical, psychiatric or social history, your symptoms, test results, diagnosis and treatment plan. It also includes a record of each visit.
- *Treatment* is when your mental health provider (Psychologist) provides, coordinates, or manages your health care and other services related to your health care. For example, your mental health professional might use your PHI for treatment purposes during the course of therapy, or might disclose your PHI when he or she consults with another health care provider, such as your family physician.
- *Payment Operations* are when this office engages in reasonable activities to obtain reimbursement for your healthcare. For examples PHI might be disclosed for purposes of payment when forms required by your health insurance are submitted 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 this office or group, such as utilizing your personal information to provide treatment, maintain your health records, and allow employed support personnel such as receptionists and secretaries to carry out their duties, such as setting appointments, filing your health record or submitting forms to your insurance company.
- “*Disclosure*” applies to activities outside of this office or 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, or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission, signed by you, that permits only specific disclosures, and that is above and beyond the general consent which you sign when you first begin treatment. In those instances when your mental health professional is asked for information for purposes outside of treatment, payment or health care operations, he or she will not release this information without first obtaining an authorization from you.

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 and already released PHI; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and then you revoke that authorization, 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 have reason to suspect that a child has been injured as a result of physical, mental or emotional abuse or neglect or sexual abuse, I must report the matter to the appropriate authorities as required by law.
- *Adult and Domestic Abuse* – If I have a reasonable cause to believe that an adult is being or has been abused, neglected or exploited or is in need of protective services, I must report this belief to the appropriate authorities as required by law.
- *Health Oversight Activities* – I may disclose PHI to the Kansas Behavioral Sciences Regulatory Board if necessary for a proceeding before the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about the professional services rendered in this office, and/or the records thereof, such information is privileged under state law, and will not be released without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply if you were referred to my office by a third party for an evaluation (e.g. your employer) or when the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If I believe that there is a substantial likelihood that you have threatened an identifiable person and that you are likely to act on that threat in the foreseeable future, I may disclose information in order to protect that individual. If I believe that you present an imminent risk of serious physical harm or death to yourself, I may disclose information in order to initiate hospitalization or to family members or others who might be able to protect you.
- *Worker's Compensation* – I may disclose PHI 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 Duties of your Licensed Mental Health Professional

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 mental health professional 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. (For example, you may not want a family member to know that you are being seen in this office. On your request, this office 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 the mental health and billing records for as long as the PHI is maintained in the record. Your mental health professional may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, he or she 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 for as long as the PHI is maintained in the record. Your mental health professional may deny your request. On your request, he or she 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. On your request, your mental health professional 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 upon request, even if you have agreed to receive the notice electronically.

Duties of Your Mental Health Professional:

I am required by law to:

- Maintain the privacy of your protected health information (PHI), in accordance with the policies and procedures outlined in this notice.
- Provide you with a paper copy of this Notice on request.

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. If I revise our policies and procedures while you are being seen at regularly scheduled appointments, I will inform you of that change by mail; the notice will be sent to the last address that you have provided to our office staff. If you are no longer being seen in this office, no notice will be sent unless or until there is a request for disclosure of PHI. You may request a copy of our current policies and procedures at any time.

V. Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision made by your mental health professional about access to your records, you may request a peer review, excluding your mental health professional. The appropriate form to make this request is available on request.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

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

This notice will go into effect on May 1st, 2019

I 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 a revised notice by mail under the conditions previously specified.