

Professional Psychology and Consultation, Inc.

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

FEDERAL LAW REQUIRES THAT WE PROVIDE YOU WITH THIS NOTICE FORM. THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL INFORMATION ABOUT YOU (OR YOUR CHILD) MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION.

WE ASK THAT YOU READ THE FOLLOWING THREE (3) PAGES AND SIGN YOUR NAME ON THE LAST PAGE.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Professional Psychology and Consultation, Inc. (PPC) 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.
- “Treatment, Payment and Health Care Operations ”
 - *Treatment* is when PPC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your PPC therapist consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when PPC obtains reimbursement for your healthcare. Examples of payment are when PPC discloses 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 the PPC 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* the PPC practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities *outside* of the PPC practice group, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

PPC 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 PPC is asked for information for purposes outside of treatment, payment and health care operations, your PPC therapist will obtain an authorization from you before releasing this information. She will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes she may have made about your conversation during a private, group, couple, or family therapy/counseling session, which she may have kept separate from the rest of your psychological 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) PPC has already 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

PPC may use or disclose PHI ***without your consent or authorization*** under the following circumstances:

- **Child Abuse:** If, in your therapist’s professional capacity, she knows or suspects that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, **your therapist is required by law to immediately report** that knowledge or suspicion to the Ohio Public Children Services Agency, or a municipal or county peace officer.
- **Adult and Domestic Abuse:** If your therapist has reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, she is required by law to immediately report such belief to the County Department of Job and Family Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and your PPC therapist will not release this information without written authorization from you or your persona or legally-appointed representative, **except by court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation and/or records are subpoenaed by court order.** You will be informed in advance if this is the case.

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- **Serious Threat to Health or Safety:** If your therapist believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, **she may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm.** If you communicate to your PPC therapist an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and she believes you have the intent and ability to carry out the threat, then she is **required by law** to take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).
- **Worker's Compensation:** If you file a worker's compensation claim, PPC may be required to give your mental health information to relevant parties and officials.

IV. Client's Rights and Therapist's Duties

Client'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, PPC is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – If you believe that a disclosure of all or part of your PHI may endanger you, 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 seeing a therapist at PPC. Upon your request, PPC 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 and psychotherapy notes in your PPC mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. PPC may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your PPC therapist will discuss with you the details of the request process.
- *Right to Amend* – If you believe that your PHI is incorrect or incomplete, you have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your PPC therapist may deny your request. On your request, your therapist 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 **for reasons other than treatment, payment, or health care operations** and for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, your PPC 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 this Notice from PPC upon request, even if you have agreed to receive this Notice electronically.

PPC Therapist's Duties:

- Your PPC therapist is required by law to maintain the privacy of PHI and to provide you with a notice of her legal duties and privacy practices with respect to PMI.
- PPC reserves the right to change the privacy policies and practices described in this notice. Unless PPC notifies you of such changes, however, PPC is required to abide by the terms currently in effect.
- If PPC revises the policies and procedures, PPC will provide individuals with a revised Notice in the PPC main office.

V. Complaints

If you are concerned that PPC has violated your privacy rights, or you disagree with a decision your PPC therapist has made about access to your records, you may contact Kathleen Avegno Bonic, Ph.D., PPC Director and Supervisor, at 937-254-6700.

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 will go into effect on April 14, 2003.

Ohio Notice Form Contract

I have read and had an opportunity to ask questions about the attached **Notice Form** on the **Policies and Practices to Protect the Privacy of My Health Information.**

My signature below acknowledges my understanding and *agreement* with this document including that:

1. I **give my consent** to the PPC clinical and/or administrative staff to use and disclose my protected health information (PHI) for treatment, payment, and health care operations purposes.

2. I may sign an **Authorization Form** to release my records to others as desired.

3. My PHI may be released **without authorization** in cases of suspected abuse or threat to safety, by Court order, or Worker's Compensation claim.

4. I may have access to my clinical records upon appropriate and reasonable request.

Date

Client's Signature