



PRIVACY NOTICE

Effective Date: 03/03/2016

We are committed to providing the highest level of service possible to our clients as well as abiding by federal, state, and local law. In general, the privacy of all communications between a client and a psychologist is protected by law, and we can only release information about our work to others with your written permission. With your consent, certain Protected Health Information (PHI) may be disclosed for the purpose of carrying out treatment, payment, or health care operations on your behalf. For example, PHI may be disclosed to your health insurance company to ensure reimbursement for treatment. If you are self-pay, then you may restrict the information sent to insurance companies.

We will disclose only the minimum amount of information required for these purposes. PHI that may be disclosed:

1. Name, address, telephone number, social security number
2. Past, present, or future physical or mental health or condition, i.e. diagnosis
3. Dates and times of sessions
4. Treatment provided and progress or outcome
5. Past, present, or future payment for the provision of health care services

However, there are instances when PHI may be disclosed **without your consent**. In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it. Additionally, if you file a lawsuit against us for malpractice, we have the right to defend ourselves in the court of law by introducing your treatment records.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a client. If we believe that a client is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client poses an immediate danger to himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

We are also legally obligated to file a report with the appropriate state agency when there is a suspicion of sexual or physical abuse of a client who is under the age of 18. Depending on the age of a child client, consensual sex could be legally viewed as sexual abuse, thus also mandating a report. In addition, if a client aged 14 or older reports that a child may be abused, we are mandated to report it even if the victim is no longer in danger. We are required to make such reports even if the child was not seen in our professional capacity. For example, viewing child pornography on the internet is considered child abuse and mandates a report.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex.

Uses and disclosures of psychotherapy notes and of PHI for marketing purposes and the sale of protected health information or for other uses and disclosures not described in the notice require your written authorization. You may revoke authorization, in writing, at any time, except to the extent that we have already acted on the authorization. In reference to the PHI, you have the right:

1. To request restrictions on certain uses and disclosures of PHI, although we are not required to agree to your requested restrictions.
2. To receive confidential communication of PHI.
3. To inspect and copy PHI
4. To receive a copy of your PHI in an electronic format or designate a third party who may receive such information.
5. To amend PHI
6. To obtain a paper copy of this Notice from me, upon request.

We are required by law:

1. To maintain the privacy of PHI and provide you with the Notice of its legal duties and privacy practices with respect to PHI.
2. To abide by the terms of the Notice currently in effect
3. To provide a revised Notice in the event that we change my privacy practices by placing paper copies of the revised Notice in the reception and waiting areas, as well as in individual offices, for a period of at least two months following the date of revision.
4. If there is a breach of your confidentiality, we must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless we can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.

You may enter a complaint to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. A complaint to us must be filed in writing and we will respond to your complaint, in writing, within two weeks of receiving your complaint.