

## Child and Adolescent Psychology Professionals

### **Health Insurance Portability and Accountability Act (HIPPA) and Private Health Information**

The following information is pursuant to the Health Insurance Portability and Accountability Act (HIPPA) of 1996. I understand that I have the right to review the Notice of Privacy Practices, which describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or in the performance of mental health care operations.

**Notice of Privacy**  
Effective April 14, 2003  
Amended September 23, 2013

**I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

- II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (e.g. PHI)** By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you or the payment of such health care. I am required to provide you with the Notice about my privacy procedures. This notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy in my office. You may also request a copy of the Notice from me, or you can view a copy of it in my office.

**III. HOW I WILL USE AND DISCLOSE YOUR PHI.**

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your written authorization; others however will not. Below you will find the different categories of my uses and disclosures, with some examples.

- A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:**
- 1. For Treatment.** I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. For example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.
  - 2. For health care operations.** I may disclose your PHI to facilitate the efficient and correct operation for my practice. For example: Quality control-I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure I am in compliance with applicable laws.

3. **To obtain payment for treatment.** I may use or disclose your PHI to bill and collect payment for the treatment and services I provided you. For example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services I provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and other that process health care claims for my office.
  4. **Other disclosures.** For example: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment rendered. In the event that I try to get your consent but you are unable to communicate with me (e.g., for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.
- B. Certain Other Uses and Disclosures Do Not Require Your Consent.** I may use and/or disclose your PHI without your consent or authorization for the following reason:
1. **When disclosure is required by federal, state, or local law, judicial, board, or administrative proceedings; or law enforcement.** For example: I may make a disclosure to the appropriate officials when a law requires me to report information to governmental agencies, law enforcement personnel and/or in an administrative proceeding.
  2. **If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
  3. **If disclosure is required by a search warrant lawfully issues to a governmental law enforcement agency.**
  4. **If disclosure is compelled by a patient of the patient's representative pursuant to the Arizona Revised Statutes or to corresponding federal statutes of regulations,** such as the Privacy Rule that requires this Notice.
  5. **To avoid harm.** I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat or safety of a person or the public.
  6. **If disclosure is compelled by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to the person or property of others, and I determine that disclosure is necessary to prevent the threatened danger.**
  7. **If disclosure is mandated by the Arizona Child Abuse and Neglect Reporting Law.** For example: if I have reasonable suspicion of child abuse or neglect.
  8. **If disclosure is mandated by the Arizona Elder/Dependent Adult Abuse Reporting Law.** For example: if I have reasonable suspicion of elder abuse or dependent adult abuse.
  9. **If disclosure is compelled or permitted by the fact that you/your child tells me of a serious/imminent threat of physical violence by you/your child against a reasonably identifiable victim or victim(s).**
  10. **For public health activities.** For example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
  11. **For health oversight activities.** For example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
  12. **For specific government functions.** For example: I may disclose your PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
  13. **For research purposes.** In certain circumstances, I may provide your PHI in order to conduct medical research.
  14. **For Worker's Compensation purposes.** I may provide PHI in order to comply with Worker's Compensation laws.

15. **Appointment reminders and health related benefits of services.** For example, I may use your PHI to provide appointment reminders. I may use your PHI to give you information about alternative treatment options, or other health care services or benefits I offer.
  16. **If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either party, pursuant to subpoena duces tecum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
  17. **I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits or services that may be of interest to you.**
  18. **If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** For example: When compelled by the U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
  19. **If disclosure is otherwise specifically required by law.**
- C. Certain Uses and Disclosures Require You to Have Opportunity to Object.**
1. **Disclosures to family, friends, or others.** I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part.
- D. Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization, in writing, to stop any future uses and disclosures (e.g., assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

#### IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

These are your rights with respect to your PHI:

- A. The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you in writing, the reasons for the denial. I will also explain your right to have my denial reviewed, ask for copies of your PHI, I will charge you not more than \$.25 cents per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost in advance.
- B. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- C. The Right to Choose How I send Your PHI to You.** It is your right that your PHI be sent to you at an alternate address (e.g., for example, sending information to your work address rather than your home address) or by an alternate method (e.g., for example, via e-mail instead of regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience.
- D. The Right to Get a List of the Disclosures I have made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include direct uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections, or law enforcement personnel, or disclosures made before January 1, 2011. After January 1, 2011, disclosure records will be held for 6 years. I will respond to your request for an accounting of disclosure made in the previous six years (e.g., the first six year period 2011-2017) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed

(including address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which I will charge you a reasonable sum based on a set fee for each additional request.

- E. The Right to Amend Your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, (d) written by someone other than myself. My denial must be in writing and must state the reason for denials. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you will still have the right to ask that your request and my denial be attached to any future disclosure of your PHI. If I approve your request, I will make the change(s) to the PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.
- F. The Right to Get This Notice by Email.** You have the right to get this notice by e-mail. You have the right to request a paper copy of it as well.

**V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES.**

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S. W. Washington, D.C. 20201. If you file a complaint about my privacy practice, I will take no retaliatory action against you.

**VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES.**

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of Department of Health and Human Services, please contact me at 7330 North 16<sup>th</sup> Street, Suite C-200 Phoenix, Arizona 85020. 602-795-1670, ext. 2

**VII. EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect due to being revised on September 23, 2013.

**VIII. PRIVACY, SECURITY, and BREACH NOTIFICATION**

If I become aware of a potential breach of your protected health information, I am legally required to perform a risk assessment, and then mitigate breaches and report them to affected clients, the federal government, and in some cases, the media.

A “breach” is defined in the new 2013 rule effective September 23<sup>rd</sup>, 2013 as the improper “acquisition, access, use, or disclosure of protected health information...which compromised the security or privacy of the protected health information” (45 C.F.R. § 164.402). Furthermore, the rule clarifies that there is a presumption of a breach under the above definition unless a risk assessment by a provider or business associate demonstrates a low probability that protected health information has been compromised. The final breach notification provision rule establishes four factors to consider in analyzing and deciding whether to notify individuals:

- 1) The nature and extent of protected health information (PHI), including types of identifiers and likelihood of re-identification (e.g., improper acquisition or loss of social security numbers and sensitive clinical information likely would call for a notice);
- 2) Who the unauthorized person was who used or received the PHI;
- 3) Whether the PHI was actually acquired or viewed; and
- 4) The extent to which the risk has been mitigated.

Under the HIPAA Omnibus Rule is that, at the client's request, counselors may not disclose treatment information to the client's health insurance carrier for which the client has paid out-of-pocket, unless the disclosure is required by law.

**IX. NOTICE OF PRIVACY PRACTICES (NPP)**

The following uses and disclosures of PHI will be made only with a client's (or authorized representative's) written authorization: 1) most uses and disclosures of psychotherapy notes, (*See* 45 C.F.R. § 164.501 for definition of "psychotherapy notes" under HIPAA), if applicable, 2) uses and disclosures of PHI for marketing purposes; 3) uses and disclosures that constitute a sale of PHI; and 4) other uses and disclosures not described in the NPP. Furthermore, you will be notified if there is a breach of unsecured PHI.

**Notice**

**YOUR SIGNATURE ON THE INFORMED CONSENT FOR ASSESSMENT AND TREATMENT TO USE OR DISCLOSE INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED A COPY OF THIS AGREEMENT.**