



**Dill-Standiford Psychological
Associates, Inc.**

NOTICE OF PATIENT PRIVACY (NPP)

IMPORTANT: This notice describes how private healthcare information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY

We are required by law, and it is the policy of our practice, to maintain the privacy of your personal health information (PHI). This notice describes our privacy practice, your legal rights, and lets you know how Dill-Standiford Psychological Associates (DSPA) will provide the highest quality care possible, while protecting the confidentiality of your PHI to the highest degree possible, so that patients do not fear providing information to us for treatment purposes.

PLEASE READ THE FOLLOWING DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT DSPA'S HIPAA PRIVACY OFFICER, DR. DAVID STANDIFORD: david@dsp-associates.com

The purpose of this notice is to describe your legal rights, advise you of our privacy practices, and to advise you about how DSPA is permitted to use your PHI. Uses and disclosures of your PHI are for purposes of treatment, payment, and health care operations. Examples:

FOR TREATMENT: Coordinating treatment with your personal physician, transferring your care to another clinician, etc.

FOR PAYMENT: Billing insurance companies using your diagnosis, dates of treatment and symptom review for pre-authorizations, etc.

FOR HEALTH CARE OPERATIONS: To remind you of your appointment, creating reports that do not identify you individually for data collection purposes, etc.

USE AND DISCLOSURE OF YOUR PHI WITHOUT YOUR AUTHORIZATION:

- For health oversight activities including audits or government proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system.
- When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with those individuals and authorities who are empowered to help prevent or reduce the threat.
- When there is "reasonable cause to suspect" child abuse, neglect or maltreatment, or when there is a specific disclosure that an identifiable child is the victim of abuse, or an individual 14 years of age or older makes a specific disclosure that the individual has committed child abuse, we are obliged to report suspicions to the appropriate authorities.
- For judicial and administrative proceedings as required by a court or administrative order or, in some

cases, subpoena or other legal process. (We will always inform you of any such request and try to persuade the Court that such information is privileged)

- For worker's compensation purposes, and in compliance with worker's compensation laws.
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime.
- To a family member or other relative, or close personal friend or other individual involved in your care if we obtain your agreement to do so or if we give you an opportunity to object to such disclosure and you do not object.

Any other use or disclosures of your PHI (In particular, your session notes) other than those listed above will be made with your written authorization. The authorization must specifically identify the information we seek to use or disclose as well as when and how we seek to use or disclose it. * You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed your PHI based upon that authorization. A copy of DSPA's "Authorization to Release Information" form is available upon request.

Please continue reading to review your Patient Rights with respect to your PHI.

Amendment to Notice of Patient Privacy

If there is a breach of your confidentiality, the DSP Associate responsible for your care 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 DSPA (the covered entity) 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.

If you are self-pay, then you may restrict the information sent to insurance companies.

Most uses and disclosures of psychotherapy notes and of PHI for marketing purposes and the sale of PHI require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases unless it is for purposes already mentioned in this Privacy Notice.

You have a right to receive a copy of your PHI in an electronic format or (through a written authorization) designate a third party who may receive such information.

**IF YOU HAVE ANY QUESTIONS, OR IF YOU WISH TO FILE A COMPLAINT OR EXERCISE ANY OF THE RIGHTS LISTED IN THIS NOTICE, PLEASE CONTACT OUR HIPAA PRIVACY OFFICER:
DR. DAVID STANDIFORD
215.752.3268
david@dsp-associates.com**

Patient Rights regarding your PHI:

- Right to access, copy or inspect your PHI. We will normally provide you access to this information within 30 days of your request.
- You have a right to a copy of this notice. If we make any changes to DSPA's Privacy Policy, a copy will be available in our waiting room and copies are always available through your clinician.
- DSPA will not divulge psychological record data unless you have properly consented to the release. When releasing PHI with your authorization, we will take appropriate steps to prevent unauthorized re-disclosures by specifying that the recipient may not further disclose the information without your consent or as authorized by law.
- DSPA recognizes that some psychological/medical information is particularly sensitive, such as HIV/AIDS information, developmental disability information, alcohol & drug abuse, and other information about sexually transmitted or communicable disease and that disclosure of such information could severely harm patients, such as by causing loss of employment as well as the pain of social stigma.
- You may ask us to amend written medical information that we may have about you if errors are found. We will generally amend your information within 60 days of your written request submitted to DSPA's Privacy Officer.

- The right to an accounting of our use of your PHI by written request to DSPA's Privacy Officer. Disclosures of your PHI that we have made in the past six years from the date of the request, excluding purposes of treatment, payment or health care operations.
- Internet, Electronic mail, and the right to obtain a copy of paper notice on request: If we have a website, we will keep a copy of this NPP available through our site. You can also contact us through the website to request that a paper copy of our NPP be mailed directly to you.
- You have a legal right to complain to DSPA, or to the Secretary of the United States Department of Health and Human Services, if you believe that your rights have in any way been violated by DSPA. You are also welcome to contact DSPA's Privacy Officer at anytime with any questions, comments or concerns.

DSPA, all of our officers, agents, contractors and employees must adhere to this policy. There will be no tolerance of any violation of this NPP. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions.

Effective Date of this Notice: 01/01/2015