



## **HIPAA NOTICE & EXPLANATION OF PRIVACY PRACTICES**

This notice describes how health information about you/your child may be used/disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to protect health coverage for workers and individuals. Protected health information refers to information in a client's health record that could identify that client. *Use* of this information refers only to activities within the office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Disclosure of information refers to activities outside of the office such as releasing, transferring, or providing access to information about you to other parties. Throughout this notice, the term "you" may refer to the individual who is the client or the individual's legal representative (i.e. parent, legal guardian, or adult who has been legally determined to be responsible for the client).

*In general, our staff will not disclose your protected health information without your written approval. When we are required by law to release your protected health information, you will be notified as soon as possible.*

### **I. Use and Disclosure of Your Protected Health Information for Treatment, Payment, and Health Care Operations**

Our office may use or disclose your protected health information for treatment, payment, and health care operations purposes with your consent. In providing you evaluation or treatment services, our staff may use or disclose your protected health information to help you obtain health care services from another provider, or to assist our office in providing care. For example, our staff might consult with another health care provider, such as your child's pediatrician, psychiatrist, or other psychologist.

In order to obtain payment for services, our staff may use or disclose your protected health information, with your consent. For example, our staff may submit the appropriate diagnosis to your health insurer to help you obtain reimbursement for your care.

Our staff also may use or disclosure protected health information to allow health care operations (e.g., quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and care coordination).

### **II. Use and Disclosure Requiring Authorization**

Except as described in this Notice, our staff may not make any use or disclosure of information from your record for purposes outside of treatment, payment, and healthcare operations unless you give your written authorization. For example, our staff will need to secure your written approval before releasing psychotherapy notes which your provider has kept separate from the rest of your treatment records. These are notes our staff has made about conversations during treatment and evaluation sessions. You may revoke an authorization at any time, but this will not affect any use or disclosure made by me before the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

### **III. Use and Disclosure Without Consent or Authorization**

There are certain circumstances, listed below in which our staff is allowed (or, in some cases, required) to use or disclose information from your record without your permission:

- **Child Abuse:** If our staff knows, or have reasonable cause to suspect, that a child is or has been abused, abandoned, or neglected the law requires that our staff report such knowledge or suspicion to the appropriate authorities.
- **Adult and Domestic Abuse:** If our staff knows, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, our staff is required by law to report such knowledge or suspicion to the appropriate authorities.
- **Health Oversight:** If a complaint is filed against our staff with the Michigan Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information relevant to that complaint.
- **Judicial or Administrative Proceedings:** Personal Health Information is privileged by state law. If you are involved in a court proceeding and a request is made for your records, Our staff will not release information without the written authorization of your or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform our staff that you are opposing the subpoena, or a court order. The privilege does not apply if you are being evaluated for a third party, or if the evaluation is court-ordered, or in certain other limited instances. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If a client presents a clear and imminent probability of harm to themselves or to other individuals, our staff will communicate relevant information concerning this to the potential victim, appropriate family members, or appropriate authorities.
- **Workers' Compensation:** If to file a workers' compensation claim, our staff may disclose information from your record as authorized by workers' compensation laws.

#### IV. Client's Rights and Psychologist'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. However, our staff 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 to have confidential communications of your protected health information delivered by alternative means and/or add alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I may be able to arrange to send your bills to another address.)
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of your protected health information in my mental health and billing records used to make decisions about you for as long as the protected health information is maintained in your record, given your written request. This may be subject to a certain limitations and fees. Upon request, Our staff will discuss with you the details of the request process. Please understand that older records may be destroyed, and therefore no longer available, in accordance with applicable law or standards.
- **Right to Amend:** You have the right to request end amendment of your protected health information for as long as your protected health information is maintained in your record your request must be in writing, and our staff may deny your request.
- **Right to an Accounting:** You have the right to request an accounting of certain disclosures made by me. Upon request, our staff 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 from our staff upon request.

Psychologist's Duties:

- Our staff is required by law to maintain the privacy of your protected health information we have to provide you with a notice of my legal duties and privacy practices with respect to your protected health information.
- Our staff reserves the right to change the privacy policies and practices described in this notice. Unless our staff notifies you of such changes, however, our staff is required to abide by the terms currently in effect.
- If our staff makes significant revisions to policies and procedures which might affect the privacy of your protected health information, our staff will provide you with a copy of those revisions. If you are involved in treatment with me at that time, you will be provided with a copy about the revisions and the manner permitted by law, generally by hand delivery at your next appointment. As needed, former clients may be mailed a copy of significant revisions to the most recent mailing address on file at my office. Updated notices of privacy policies will always be available for review upon request.

V. Questions and Complaints

If you have questions about this notice, disagree with the decision our staff makes about access to your records, or have other concerns about your privacy rights, you may contact the Office Manager or Custodian of Records at 1056 Charles Orndorf Dr, Suite G, Brighton, MI 48116. Our office recommends that such inquiries be done in writing. If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to our office address (above). You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, or the appropriate administrative office. Our office can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

- Restriction: In the case of a minor child, the child's legal guardian has the right to inspect or obtain a copy (or both) of his/hers/their protected health information in my mental health and billing records used to make decisions about the child for as long as the protected health information is maintained in the record. However, psychotherapy notes including statements made by a child during therapy sessions will *not* be released, in order to protect the child's right to confidentiality, unless required by law or deemed by our office to be in the best interest of the child.
- Restriction: In most cases, our office is also prohibited by law from disclosing raw psychological test data and test materials to anyone other than a licensed psychologist qualified to interpret such data.

Custodian of Records: Lindsey Palazeti

This notice will go into effect on July 1, 2020.