

Notice of Privacy Policy

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Notice of Privacy Practices

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully, and sign the acknowledgement receipt.

Protecting Your Personal and Health Information

I am committed to protecting the privacy of client personal and health information. Applicable Federal and State laws require me to maintain the privacy of my clients' personal and health information. This Notice explains my privacy practices, legal duties, and your rights concerning your personal and health information. In this Notice, your personal or protected health information (PHI) is referred to as "health information" and includes information regarding your health care and treatment with identifiable factors such as your name, age, address, income, or other financial information. I will follow the privacy practices described in this Notice while it is in effect. This Notice takes effect January 1, 2026. This Notice will remain in effect until replaced.

How I Protect Your Health Information

I protect your health information by:

- Treating all of your health information that I collect as confidential. (For exceptions to confidentiality, please see the following page and refer to your copy of the Disclosure Statement).
- Stating confidentiality policies and practices in my contract for services, as well as applying discretionary measures for privacy violations.
- Restricting access to your health information only to those staff who need to know your health information in order to provide services to you.
- Only disclosing the minimum of your health information necessary for an outside service company to perform its function on behalf of my practice; such companies have by contract agreed to protect and maintain the confidentiality of your health information.
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

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

My psychological services practice may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes, as long as you have given your consent to receive evaluation or treatment services from the Clinic. To help clarify these terms, here are some definitions:

- “Treatment, Payment, and Health Care Operations”

Treatment is when a clinician provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when a clinician consults with another health care provider, such as your family physician.

Payment is when you provide reimbursement for the services you receive in the Clinic.

Health Care Operations are activities that relate to the performance and operation of the Clinic. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination, conducting training and educational programs (supervision, case conference) or accreditation activities (such as the American Psychological Association site visits).

- “Use” applies only to activities within the Psychology and Social Work Clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of the Clinic, such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

As a clinical psychologist, I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances

when I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. In those instances, you must sign a consent form to release protected health information before PHI is released. In addition, you must sign an authorization consenting to the use or disclosure of psychotherapy notes for any reason.

You may revoke all such authorization at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization to provide your services.

Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- Abuse – If I have reason to believe that a minor child, elderly person, or disabled person has been abused, abandoned, or neglected, I must report this concern or observations related to these conditions or circumstances to the appropriate authorities.
- Health Oversight Activities – If the Ohio State Board of Psychology or other licensing or accrediting body is investigating a clinician that you have filed a formal complaint against, the clinician may be required to disclose protected health information regarding your case. This would only happen if you filed a complaint against me.
- Judicial and Administrative Proceedings as Required - If you are involved in a court proceeding and a court subpoenas information about the professional services provided to you and/or the records thereof, I

may be compelled to provide the information. Although courts have recognized a therapist-client privilege, there may be circumstances in which a court would order me to disclose personal health or treatment information. I will not release information unless I have a written authorization from you or your legally appointed representative; I will release information if I am presented with a court order. The privilege does not apply when you are being evaluated for a third party (e.g., Law Enforcement agency or Social Security) or where evaluation is court ordered.

- **Serious Threat to Health or Safety** – If you communicate to me an explicit threat of imminent serious physical harm or death to identifiable victim(s), and I believe you may act on the threat, I have a legal duty to take the appropriate measures to prevent harm to that person(s), including disclosing information to the police and warning the victim. If I have reason to believe that you present a serious risk of physical harm or death to yourself, I may need to disclose information in order to protect you. In both cases, I will only disclose what I feel is the minimum amount of information necessary.
- **Worker’s Compensation** – I may disclose protected health information regarding you as authorized by, and to the extent necessary to comply with, laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **National Security** – I may be required to disclose to military authorities the health information of Armed Forces personnel under certain circumstances. I may be required to disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. I may be

required to disclose health information to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

- Research - Under certain limited circumstances, I may use and disclose health information for research purposes. Your authorization will be secured for these uses/disclosures of your information. In addition, all research projects are subject to review by an appropriate Institutional Review Board (IRB).

Client Rights and Psychologist's Duties

Client Rights:

- Right to Request Restrictions – You have the right to request additional restrictions on certain uses and disclosures of protected health information (PHI). I may not be able to accept your request, but if I do, I will uphold the restriction unless it is an emergency. You have the right to prevent the disclosure of your PHI to your insurance company if you pay out-of-pocket for your services in full.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – 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 you are being seen at my practice. On your request, I will communicate with you by sending material to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of your psychotherapy or psychological testing records. A reasonable fee may be charged for copying. Access to your records

may be limited or denied under certain circumstances, but in most cases you have a right to request a review of that decision. On your request, I will discuss with you the details of the request and denial process.

- Right to Amend – You have the right to request in writing an amendment of your health information for as long as PHI records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial, which will be added to the information of the original request. If your original request is approved, I will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.
- Right to An Accounting – You generally have the right to receive an accounting of disclosures of PHI. If your health information is disclosed for any reason other than treatment, payment, or health care operation, you have the right to an accounting for each disclosure of the previous six (6) years. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for the disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.
- Electronic vs. Paper Copy – You have the right to request information from your records electronically. If you request records that exist in an electronic format, you have the right to receive records in an electronic format rather than a paper copy.

- Right to Notification of Breach – You have the right to be notified if the privacy of your protected health information has been breached.
- Right to Opt-Out – I do not currently engage in direct fundraising or marketing mailings. If I were to engage in such mailings in the future, you have the right to opt out of any fundraising or marketing mailings.

My Duties as your Psychologist:

- I am required by law to maintain the privacy of PHI and to provide you with this notice of legal duties and privacy practices.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

Other Restrictions

- I must also conform to Federal regulations (42 CFR, Part 2) regarding the release of alcohol/drug treatment records and confidentiality standards related to such treatment.
- In addition, couples and families seeking conjoint treatment sign a supplemental consent indicating they understand that the record of treatment services provided will not be released without authorization from all adults present.

Changes to this Notice

I reserve the right to change my privacy practices and terms of this Notice at any time, as permitted by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of our Notice effective for

all health information that I maintain, including health information I created or received before we made the changes. Before I make such changes, I will update this Notice and post the changes on my practice website (www.RobertGorePhD.com). You may request a copy of this Notice at any time.

Questions and Complaints

For questions regarding this Notice or my privacy practices, please contact me at 614-254-9122 or Robert@RobertGorePhD.com.

If you are concerned that your privacy rights may have been violated, you may contact me, as the privacy officer of my practice, to make a complaint. You may also make a written complaint to the U.S. Department of Health and Human Services whose address can be provided upon request. If you choose to make a complaint with the U.S. Department of Health and Human Services, or with me, I will not retaliate in any way.