

**THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

**I. Preamble**

The Marriage and Family Therapy Licensing Law provides extremely strong privileged communication protections for conversations between your therapist and you in the context of your established professional relationship with the therapist. There is a difference between privileged conversations and documentation in your mental health records. Records are kept documenting your care as required by law, professional standards, and other review procedures. The **Health Insurance Portability and Accountability Act (HIPAA)** very clearly defines what kind of information is to be included in your "designated medical record" as well as some material, known as "Psychotherapy Notes" which is not accessible to insurance companies and other third-party reviewers and in some cases, not to the client himself/herself.

**HIPAA provides privacy protections about your personal health information, which is called "protected health information" which could personally identify you. PHI consists of three (3) components: *treatment, payment and health care operations.***

*Treatment* refers to activities in which the therapist provides, coordinates or manages your mental health care or other services related to your mental health care. Examples include a psychotherapy session or talking to your primary care physician about your medication or overall medical condition.

*Payment* is due when the therapist obtains reimbursement for your mental health care.

*Health care operations* are activities related to the performance of the therapist's practice such as quality assurance. In mental health care, the best example of health care operations would be a process in which a supervisor reviews our work together to see if your care is being managed in the most professional manner.

The *use* of your protected health information refers to activities the counseling center conducts for scheduling appointments, keeping records and other tasks *within* the office related to your care. *Disclosures* refers to activities you authorize which occur *outside* our office such as the sending of your protected health information to other parties (i.e., your primary care physician, the school your child attends, etc.).

**II. Uses and Disclosures of Protected Health Information Requiring Authorization**

Tennessee requires authorization and consent for treatment, payment and healthcare operations. HIPAA does nothing to change this requirement by law in Tennessee. The therapist may disclose PHI for the purposes of treatment, payment and healthcare operations only with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations, authorizing the therapist to provide treatment and to conduct administrative steps associated with your care.

Additionally, if you ever want the therapist to send any of your protected health information of any sort to anyone outside my office, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon the request. The requirement of your signing an additional authorization form is an added protection to help insure your protected health information is kept strictly confidential. An example of this type of release of information might be your request that the therapist talk to your child's school teacher about his/her condition and what this teacher might do to be of help to your child. Before the therapist talks with that teacher, you will have first signed the proper authorization for him/her to do so. Another example would be talking to your primary physician re: your medication.

There is a third, special authorization provision potentially relevant to the privacy of your records: "psychotherapy notes." In recognition of the importance of the confidentiality of conversations between therapist-client in treatment settings, HIPAA permits keeping "psychotherapy notes" separate from the overall "designated medical record." "Psychotherapy notes" are *the therapist's* notes "recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session and that are separate from the rest of the individual's medical record." "Psychotherapy notes" are necessarily more private and contain much more personal information about you, hence, the need for increased security of the notes. "Psychotherapy notes" are not the same as your "progress notes" which provide the following information about your care each time you have an appointment at our office: medication prescriptions and monitoring, assessment/treatment start and stop times, the modalities of care, frequency of treatment furnished, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.

You may, in writing, revoke all authorizations to disclosure protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed the therapist to do.

**III. Business Associates Disclosures**

HIPAA requires that the therapist train and monitor the conduct of those performing ancillary administrative services for our practice and refers to these people as "Business Associates." In our practice, "business associates" includes our office manager who provides services such as billing and scheduling - all activities which bring her into some measure of contact with your protected health information. Our office manager does not have access to those sections of your designated medical record that contains the particulars of your mental health concerns; ONLY the therapist has access to your full designated mental health record. In compliance with HIPAA, the therapist has signed a formal contract with these business associates to protect your confidentiality. Our office manager is trained in our privacy practices.

#### **IV. Uses and Disclosures Not Requiring Consent nor Authorization**

By law, protected health information *may* be released without your consent or authorization.

##### **Limits of Confidentiality Statement:**

Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged". However, there are limits to the privilege of confidentiality. These situations include the following:

- suspected abuse or neglect of a child, elderly person, or disabled person
- when your therapist believes you are in danger of harming yourself or others. If you report that you intend to physically injure someone, the law requires your therapist to inform that person as well as the legal authorities
- if your therapist is ordered by a court to release information as part of a legal involvement in litigation, etc.
- when your insurance company is involved, e.g., in filing a claim, insurance audits, case review or appeals, etc.
- in natural disasters whereby protected records may become exposed
- when otherwise required by law
- when you sign a Release of Information giving your permission for the therapist to share your protected information with a designated person.

No information of any sort is used for marketing purposes.

#### **V. Client's Rights and Therapist's Duties**

You have a right to the following:

- *The right to request restrictions* on certain uses and disclosures of your protected health information which the therapist and client shall discuss to determine how the agreement is changed in writing.
- *The right to receive confidential communications by alternative means and at alternative locations.* For example, you may not want information sent to your home address so it will be sent to another location of your choosing;
- *The right to inspect and copy* your protected health information in the designated mental health record as long as protected health information is maintained in the record;
- *The right to amend* material in your protected health information, although denial is possible if an improper request or amendment(s) you make to your record of care.
- *The right to an accounting of non-authorized disclosures* of your protected health information;
- *The right to a paper copy* of notices/information from the therapist, even if you have previously requested electronic transmission of notices/information; and
- *The right to revoke your authorization* of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask the therapist for further assistance on these matters. Therapists are required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and the therapist's duties regarding your PHI. Rights are reserved to change privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of the policies when you come for your future appointment(s). Duties as a Marriage and Family Therapist on these matters include maintaining the privacy of your protected health information, to provide you this notice of your rights and the therapist privacy practices with respect to your PHI, and to abide by the terms of this notice unless it is changed and you are so notified. If for some reason you desire a copy of the internal policies for executing privacy practices, please notify the therapist.

#### **VI. Complaints**

If you have any concerns of any sort that our office may have somehow compromised your privacy rights, please do not hesitate to address these matters immediately. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

#### **VII. This notice shall go into effect and remain so unless new notice provisions become enacted.**