



## NOTICE OF COUNSELOR'S POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

This notice contains information about the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. The law requires that I obtain your signature acknowledging that I have provided you with this information.

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.

### I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

*I may use or disclose your protected health information (PHI) for treatment, payment and health care operations purposes with your consent. To help clarify these terms, here are some definitions:*

PHI refers to information in your health record that could identify you.

Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider such as your family physician or another psychologist.

Payment is when I obtain reimbursement for your health care. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

Use applies only to activities within my practice such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

Disclosure applies to activities outside of my practice such as releasing, transferring or providing access to information about you to other parties.

### II. USE AND DISCLOSURES REGARDING AUTHORIZATION

*I may use or disclose PHI for purposes outside treatment, payment and health care operations when your appropriate authorization is obtained.*

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 and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes.

Psychotherapy notes are notes I have made about our conversation during a private, group, joint or family counseling session. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations for PHI or psychotherapy notes at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (a) I have relied upon that authorization, or (b) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

*I may use or disclose PHI without your consent under the following circumstances:*

Child abuse: if I have reasonable cause to believe a child has been subject to abuse I must report this immediately to the New Jersey Division of Youth and Family Services.

Adult and domestic abuse: if I reasonably believe a vulnerable adult is the subject of abuse, neglect or exploitation, I may report the information to the county adult services provider.

Health oversight: if the New Jersey Board of Social Work Examiners issues a *subpoena*, I may be compelled to testify before the Board and produce your relevant records and papers.

Judicial or administrative proceedings: if you are involved in a court proceeding and a request is made for information about the professional service I have provided you and/or the records thereof, such information is privileged under state law and I must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. I must inform you in advance if this is the case.

Serious threat to health or safety: if you communicate to me a threat of imminent serious physical violence against a readily identifiable victim, yourself or the public and I believe you intend to carry out that threat, I must take steps to warn and protect. I must also take such steps if I believe you intend to carry out such violence, even if you have not made a specific verbal threat. The steps I take to warn and protect may include arranging for you to be admitted to a psychiatric unit of a hospital or other healthcare facility, advising the police of your threat and the identity of the intended victim, warning the intended victim or his or her parents if the intended victim is under the age of 18, and warning your parents if you are under the age of 18.

Workers Compensation: if you file a Workers Compensation claim, I may be required to release relevant information from your mental health records to a participant in the Workers Compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Workers Compensation, or the Compensation Rating and Inspection Bureau.

### IV. PATIENT'S RIGHTS AND COUNSELOR'S DUTIES

#### *Patient's Rights*

Right to request restrictions: you have the right to request restrictions on certain uses and disclosures of protected health information about you; *however*, I am 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 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 seeing me. Upon your request, I will send your bills to another address.)

Right to inspect and copy: you have the right to inspect and/or obtain a copy of your PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances but, in some cases, you have the right to have this decision reviewed.

Right to amend: you have the right to request and amend your PHI for as long as the PHI is maintained in the record. I may deny your request. Upon your request, I will discuss with you the details of the request and denial process.

Right to an accounting: you have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). Upon your request, I will discuss with you the details of the accounting process.

## Family Circle Counseling

HIPAA Privacy Policies

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Right to a paper copy: you have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

### *Counselor's Duties*

I am required by law to maintain the privacy of the PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. 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. If I revise my policies and practices I will provide you with a revision in the office.

### **V. QUESTIONS AND COMPLAINTS**

If you have questions about this notice, disagree with a decision I make about access to your records, believe your privacy rights have been violated or have other concerns about your privacy rights, you may send a written complaint to the Secretary of the United States Department of Health and Human Services. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

I reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI I maintain. Should such changes be made, I will provide you with a revised notice.