

Effective April 14, 2003

PROTECTED HEALTH INFORMATION (PHI) POLICY AND PRACTICE

Robert Goddard, Ph.D.
Licensed Psychologist

A. Commitment to Privacy:

Robert Goddard, Ph.D. Goddard Psychological Services, is committed to insure the privacy/ confidentiality of the personally identifiable Protected Health Information (PHI) it creates or maintains regarding the clients that are served. Confidence in the privacy of the information that clients share in an open and honest dialogue facilitates appropriate clinical care and support, and fosters healing, growth and healthy development in the therapeutic clinical process.

Thus, an administrative staff of who has access to protected health information, and btw, minimal access, acknowledges the legal and ethical responsibilities to guard against the inappropriate, inadvertent and unauthorized disclosure of such information.

The protected health information contained in Goddard Psychological Services' clinical and billing records is the property of the individual client to whom such records pertain.

B. Your Rights:

1. **The Right to Read and to Copy-** Clients shall at reasonable times and with reasonable notice have access to their records to review, inspect and obtain copies; while encouraged to do so in a clinical setting for maximum benefit, they have the right to have the records or to view their records in private, unless a legitimate concern exists for the safety of the physical record or a concern that the client will experience a harmful effect as a result of reviewing his/her record. In the case of such a concern, the concern will be documented in the record and, if feasible, the client can view the record in a clinical context.
2. **The Right to Request an Amendment-** Clients can request copies of said record and can also request that their records, clinical and billing records, be corrected or amended by submitting a written request. However, under no circumstances will we remove or destroy original documents in your clinical record. The request to amend a record not generated by us will be denied unless the person or entity that created the health information is no longer available to make the amendment.
3. **The Right to an Accounting-** You have the right to request that we provide you with an accounting of or list of Disclosures that we have made after April 14, 2003, excluding disclosures you authorized for treatment or for payment from third party agencies.

4. **Right to Request how Contact is communicated-** You have the right to request, in writing, if there are limitations about how to contact you, regarding appointments, billing questions and so on. For example, if you do not want to be called at work or do not want to be called on your cell phone regarding appointments, please clarify that.

C. Disclosure of Protected Health Information Without the Client's Authorization-

As indicated in the Authorization to Provide Treatment section of this Intake packet, Robert Goddard, Ph.D. may disclose the following information without the client's specific authorization:

1. **Court Order-**Robert Goddard, Ph.D., dba Goddard Psychological Services, must comply with a lawful Court Order directing that PHI. personal health information, be disclosed. The client shall be advised of such an order so that the client can authorize this disclosure and/or so that the client can consider seeking a protective Court Order. A Notification of Disclosure shall be placed the client's file. Please note that a Subpoena requires a response but does not authorize a disclosure of Protected Health Information.
2. **Duty to Warn-** Robert Goddard, Ph.D. may make a disclosure of limited and relevant PHI if such a disclosure is necessary to respond to a serious threat of harm to an identified person or persons, or a serious threat to property; this disclosure would be made to the threatened person or persons and to the relevant local police authorities. A Notification of Disclosure shall be completed for the client's record.
3. **Police Contact-** Robert Goddard, Ph.D. may need to contact the police for assistance with an incident or disturbance related to potential injury or harm to person or property when a perceived danger exists. There will be care to avoid disclosure of any PHI not essential to allow the law enforcement authorities to properly respond to the call. If a client involved is identified to the police, a Notification of Disclosure shall be placed in the client's record.
4. **Report of Abuse or Neglect-** Robert Goddard, Ph.D. will make legally mandated reports to NH Division of Children, Youth and Families (DCYF) Central Intake if there is a suspicion or potential of abuse or neglect with a child under eighteen years of age. Also, if there is suspicion or potential abuse, neglect or exploitation of a Vulnerable Adult, a report will be made to DEAS. If any such disclosure of PHI is made, a Notification of Disclosure form shall be placed in the client's record.
5. **Report related to communicable disease-** Robert Goddard, Ph.D. shall provide appropriate report of a communicable disease to the Public Health authorities if knowledge of said communicable disease is learned about in order to provide appropriate protection to public safety. Again, if a disclosure of PHI is made, a Notification of Disclosure form shall be placed in client's record.

6. **Emergency-** Robert Goddard, Ph.D. may make disclosure of limited and relevant information in the case of an emergency, particularly to that person or persons designated as emergency contacts. A Notification of Disclosure form shall be placed in client record.

7. **Disclosure with Client's Specific Authorization-** Robert Goddard, Ph.D. shall make disclosure with a client's specific Authorization using the appropriate signed Authorization form, which may involve an exchange of information for the purpose of helping to provide the most informed and useful clinical treatment. The client shall be supported as necessary to make an informed decision as to the extent and amount of information to be shared pursuant the Authorization. This authorization shall be fully completed and signed by the client. The Authorization form shall be retained in the client's clinical record.

D. Safeguards Against Inappropriate Incidental Disclosure:

There shall be safeguards against inappropriate incidental disclosures of PHI. When fax transmissions are necessary, the staff member making the transmission shall take steps to assure that the transmission protects the privacy of the client by using a Confidential transmission fax cover sheet stating for whom the transmission is intended and if need be by calling the receiving party to insure that the transmission arrived at the intended destination. When using an e-mail, the name of the individual whose health information is contained in the e-mail shall not appear in the subject line of the e-mail, except for initials. Also, any e-mail no longer needed shall be deleted from the workstation as soon as is feasible. Also, there shall be no conversation about client information with a third party with another agency, without the appropriate Release of Information authorizations. Of course as mentioned, it may be necessary and appropriate to talk with a third party payer, ie, insurance company, if they request relevant information for determination of necessary services. Also, any use of computers, laptops or desktops, shall have appropriate use of passwords and security in order to protect any possibility of potential incidental disclosure of PHI. Lastly, all care shall be taken to insure that there is no incidental disclosure of any client PHI in any setting or via any means.

Please feel free to request a copy of this and/or of any information contained in this Intake packet. Your signature below indicates that you have read and understand Robert Goddard, Ph.D., Licensed Psychologist, Goddard Psych Services, procedures regarding **Protected Health Information Policy and Practice.**

 Client Signature (or signature or parent/guardian if
 Client is a minor)

 Date

 Print Name