

**Mindfully Melanated**  
**Tonya Bailey-Curry, LCSW**  
**P.O. Box 2514**  
**Lewiston, Maine 04241**  
**207.577.6824**

NOTICE OF CLINICAL SOCIAL WORKER'S POLICIES AND PRACTICES TO PROTECT THE  
PRIVACY OF YOUR HEALTH 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. HEALTH CARE PROVIDERS ARE REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND CONFIDENTIALITY ACT (HIPAA) TO ADVISE THEIR PATIENTS OF THEIR PRIVACY RIGHTS IN WRITING.

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

As your therapist 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, Payment and Health Care Operations*”

- *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 care provider such as your family physician or another psychotherapist.
- *Payment* is when I provide 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 [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

## **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is 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 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 individual, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) 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 your PHI without your consent or authorization in the following circumstances:

*Child Abuse:* If, in my professional capacity, a child comes before me which I have reasonable cause to suspect is an abused or maltreated child, or I have reasonable cause to suspect a child is abused or maltreated where the parent, guardian, custodian, or other person legally responsible for such child comes before me in my professional or official capacity, and states from personal knowledge facts, conditions, or circumstances which, if correct, would render the child an abused or maltreated child, I must report such abuse or maltreatment to the statewide central register of child abuse and maltreatment, or the local child protective services agency.

*Health Oversight:* If there is an inquiry or complaint about my professional conduct to the Maine State Board of Social Work Licensure, I must furnish to the Office of Professional & Occupational Regulation, your confidential mental health records relevant to this inquiry.

*Judicial or Administrative Proceedings:* If you are involved in a court proceeding, a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for 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:* I may disclose your confidential information to protect you or others from a serious threat of harm.

*Worker's Compensation:* If you file a worker's compensation claim, and I am treating you for the issues involved with that complaint, then I must furnish to the chairman of the Worker's Compensation Board records which contain information regarding your psychological condition and treatment.

#### **IV. Patient's Rights and Clinical Social Worker's Duties**

Patient's Rights:

*Right to Request Restrictions* – You have the right to request restrictions on certain [§EP] uses and disclosures of protected health information about you. However, I am not required to agree to any 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 that you are seeing me. Upon request, I will send your bills to another address).

*Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about your care 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 may have this decision reviewed. 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 an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

*Right to an Accounting* – You generally 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). On your request, I 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 me upon request, even if you have agreed to receive the notice electronically. [§EP]

**Clinical Social Worker's Duties:** [§EP] I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. [§EP] 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. <sup>[1]</sup><sub>SEP</sub> If I revise my policies and procedures, I will mail the revised Notice to you, as well as making it available in my office.

*Right to be Informed of a Breach of Confidentiality* – If, at any time during or after treatment with me, I become aware of any breach in the confidentiality of your records, I will notify you immediately.

## **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, believe that your privacy rights have been violated, or have other concerns about your privacy rights, you may send a written complaint to Mindfully Melanated, Tonya Bailey-Curry, LCSW P.O. Box 2514, Lewiston, Maine 04241

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

## **VI. Effective Date, Restrictions, and Changes to Privacy Policy**

This notice will go into effect on the date the policy was given to you. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by either distributing it to you in the office or mailing it to the address you provided me to send correspondence.

Your signature on the acknowledgement form indicates receipt of this notice. A copy of it will be kept in your record. If you do not wish to sign, that will be indicated in your record.

I acknowledge that I have been given a copy of this Privacy Notice either by US Mail, or in person as required by the federal government's HIPAA legislation.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_