

Behavioral Health Associates
6216 Airpark Drive
Chattanooga, Tennessee 37421

PATIENT NOTIFICATION OF PRIVACY PRACTICES

Effective: April 14, 2003

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.

Preamble

Tennessee laws for mental health professionals in our office require that information you provide, and your medical records in which we record that information, remain confidential. The various professional disciplines' ethics codes also require confidentiality. A federal law (the Health Insurance Portability and Accountability Act, or HIPAA) now adds an additional level of privacy protection for consumers of mental health care.

Our ethics codes and /or HIPAA requires us to inform you of your rights to access your medical records, the procedures for releasing information with your permission, and exceptions to confidentiality of your records. We are also required to inform you of some of the special arrangements we make to protect your privacy.

HIPAA provides for the privacy of your "Protected Health Information" in three areas: *treatment, payment, and health care operations.*

Treatment refers to activities in which the clinician provides, coordinates, or manages your mental health care or to other services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your treatment.

Payment refers to activities in which the office obtains reimbursement for your mental health care. An example of this would be the filing of insurance on your behalf.

Health care operations are activities related to the performance of the practice, such as quality assurance. The best example of health care operations is the utilization review process, in which your insurance company reviews the records or obtains a summary of treatment to determine if treatment is "medically necessary".

Generally speaking, HIPAA requires confidentiality of Protected Health Information in all three areas, requires your permission to release information outside the office, and limits the release of information to only that portion of the record required to accomplish the intended purpose.

Uses and Disclosures of Protected Health Information Requiring Authorization

Tennessee requires your authorization and consent for treatment, payment, and health care operations. HIPAA does nothing to change this requirement by law in Tennessee. We may disclose Protected Health Information for the purposes of treatment, payment, and health care operations ONLY with your written consent. Prior to treatment, you must sign this general consent to care and authorization to conduct payment and health care operations, authorizing this office to provide treatment and to conduct administrative steps associated with your care (for example, filing insurance, and/or obtaining pre-certification for continued care).

Additionally, this office will release your Protected Health Information to outside parties if you request that we do so. This request must be a specific, signed authorization identifying who shall receive the information and what information shall be released. A copy of that Authorization form is available upon request. The requirement of an additional authorization form is an added protection to ensure your confidentiality. An example of this type of release of information might be a request that your doctor talk with your primary care physician about your medication.

There is a third, special authorization provision potentially relevant to the privacy of your records. In recognition of the importance of the confidentiality of conversations between clinicians and patients in treatment settings, HIPAA permits keeping "psychotherapy notes" separate from "progress notes" in your treatment record. "Psychotherapy notes" are the *clinician's* notes documenting and analyzing the contents of communication during individual, group, or family treatment sessions. "Psychotherapy notes" are more private and contain much more personal information about you, hence the need for increased security of these notes. "Psychotherapy notes" are not the same as "progress notes", which may provide the following information about your care: dates of service, medication prescriptions and monitoring, appointment time, modality of treatment, frequency of treatment, results of clinical tests, and any summary of diagnosis, functional status, symptoms, treatment plan, prognosis, and progress. The two different kinds of "notes" are treated very differently. "Progress notes," or a summary of those notes, are typically available to your insurance company as part of your release of information that allows this office to bill your insurance company or seek pre-certification for treatment (see two paragraphs above). "Psychotherapy notes" can no longer be obtained by your health insurance company nor can health insurance companies insist upon their release as a pre-condition of payment for services, as has previously been the case under Managed Care. "Psychotherapy notes" will not be released without a special authorization from you specifically designating the release.

Certain payors of care, such as Medicare, TennCare, and Workers Compensation, are exempt from HIPAA and DO require the release of both your "progress notes" and the clinician's "psychotherapy notes" in order for them to pay for your care. In the event that you do utilize Medicare or Workmen's Compensation to pay for your treatment, you will need to sign the additional authorization directing the release of "psychotherapy notes". For other insurers, this office will typically be able to limit reviews of your Protected Health Information to what HIPAA refers to as your "designated record set" which includes the following: all identifying paperwork you completed when you first started care in this office, all billing information, a summary of your first appointment, progress notes, your mental status examination, your treatment plan, your discharge summary, reviews of your care by Managed Care Companies, results of psychological testing, and any authorization letters or summaries of care you have authorized this office to release on your behalf. Please note that the actual test questions, or raw data, of psychological tests are protected by copyright laws and are not part of your "designated record set". You do have the right to limit the release of your Protected Health Information to your health insurance company/healthcare organization by paying for treatment/services "out of pocket" (i.e. not using your insurance).

Uses or release of Protected Health Information for reasons not already listed in this notification will be done only with patient authorization. You may, in writing, revoke all authorizations to disclose Protected Health Information at any time. You cannot revoke authorization for activity already done that you instructed this office to do or if the authorization was obtained as a condition for collecting insurance payment and Tennessee law provides the insurer the right to contest the claim under the policy.

Business Associate Disclosures

HIPAA requires that this office train and monitor the conduct of individuals who perform ancillary services for the practice and refers to those individuals or companies as a "Business Associate". These Business Associates might, as a result of their job, have some measure of contact with your Protected Health Information (i.e., our secretarial staff, our answering service, our collection agency). In compliance with HIPAA, Behavioral Health Associates has legal contracts with all Business Associates that clearly spells out their legal responsibility to maintain confidentiality and the significant consequences for any failure to do so. Additionally, Business Associate's exposure to any Protected Health Information is limited to the minimum necessary for them to do their job. No staff member or Business Associate of Behavioral Health Associates will contact you regarding marketing or fund-raising. Any use of Protected Health Information for sale or marketing purposes requires a patient authorization.

Uses and Disclosures Not Requiring Consent or Authorization

By law, Protected Health Information *may* be released without your consent or authorization in the following instances:

- Suspected child sexual abuse, physical abuse, or neglect.
- Suspected elder or disabled abuse.
- Serious threat of harm to self or others (i.e., high suicide or homicide risk, national security threats).
- In response to a legally executed court order.

If you are admitted to a psychiatric facility, for being a danger to yourself or others, we are required to notify a national database. This may affect your ability to purchase firearms in the future.

Patient Rights and Behavioral Health Associates' Responsibilities

You have the right to the following:

- *The right to request restrictions* on certain uses and disclosures of your Protected Health Information. If your clinician agrees to such restrictions, such restrictions shall apply unless that agreement is changed in writing.
- *The right to receive confidential communications by alternative means and at alternative locations.* For example, Behavioral Health Associates routinely calls patients to remind them of upcoming appointments. If you prefer not to be contacted or if you only want to be contacted at a certain telephone number, please notify staff of this preference in writing.
- *To right to inspect and copy* your Protected Health Information in the "designated record set". "Psychotherapy notes" are specifically not a part of the "designated record set".
- *The right to enter an amendment* to your Protected Health Information. Health care providers have the right to dispute or accept the amendment.
- *The right to an accounting of non-authorized disclosures* of your Protected Health Information, following your written request. In the event of a breach of privacy involving unsecured Protected Health Information, you will be notified in writing.
- *The right to a paper copy* of all notices or information from Behavioral Health Associates, even if you have previously received such information by electronic means. This Patient Notification of Privacy Practices is also available on our practice website (www.bhachattanooga.com), or you may request that a copy be e-mailed or faxed to you.
- *The right to revoke your authorization* for release 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 rights, please do not hesitate to ask any member of Behavioral Health Associates for further assistance. We are required by law to maintain privacy of your Protected Health Information and to provide you with a notice of your privacy rights and our duties regarding your Protected Health Information. Behavioral Health Associates reserves the right to change privacy policies and practices as required to remain compliant with applicable laws. You will be notified of any changes in policies that occur.

Complaints

Behavioral Health Associates has designated Tara Watson as the appointed Privacy Officer, in accordance with HIPAA regulations. If you have any concerns that any member of Behavioral Health Associates or its Business Associates may have compromised your privacy rights, please contact her or your health care provider immediately. Ms. Watson may be contacted at 899-0024, extension 45. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

This notice shall become effective on April 14, 2003.