

# Bryan C. Shelby MDJD LLC

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW PSYCHIATRIC MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE LET ME KNOW.**

This Notice of Privacy Practices will tell you about how I handle information about you. It explains how I use this information in my office, how I may share it with other professionals and organizations, and how you can see it. I am also required to tell you about this because of the privacy regulations of a federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice of Privacy Practices describes how I may use and disclose your Protected Health Information (“PHI”), in accordance with applicable law, including HIPAA, regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules and my Code of Ethics. I want you to know all of this so that you can make the best decisions for yourself and your family. The intent of this Notice of Privacy Practices is to broadly outline your rights, my responsibilities, and also describes your rights regarding how you may gain access to and control your PHI. I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to it. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail or secure electronic means upon request or providing one to you at your next appointment. I am happy to discuss any of these rights with you. HIPAA is complex and it is not possible to outline every conceivable circumstance which may occur. Because the rules are so complicated some parts of this Notice are quite detailed and you probably will have to read them several times to understand them. I have simplified some parts and have not included information that does not apply to my office practice.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as PHI includes information such as your history, diagnosis, treatment plan, prognosis, progress notes, records obtained from others who have treated or evaluated you, medications and billing. “Use” applies only to activities within my office such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you. “Disclosures” applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties. The law protects the privacy of most communications between a patient and a psychiatrist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA or with your advance consent. The laws that protect the confidentiality of medical information also apply to telemedicine. I am the only person with access to your file. In the routine course of my practice, no one but me will access any of your demographic or clinical information. As a general rule, unless you provide specific authorization, I will release no information about you to anyone outside a specific legal requirement to disclose. If you are seeing a psychotherapist in addition to me, I will generally request your permission to remain in touch with that person. I may also ask your permission to allow contact with your primary care physician or others whose care may interact critically with our work. It is of course your choice whether to permit such contact or not.

In my practice, I use an industry standard Electronic Health Record that conforms to HIPAA requirements. I am legally and ethically required to prepare and maintain treatment records in your medical chart. This clinical record includes information as to diagnosis, treatment and progress, any past records that I receive from other providers, reports of professional consultations, billing records, and any reports that have been sent to anyone. If you wish to see your records, please let me know, and we can discuss the contents to be released. You may examine and/or receive a copy of your clinical record if you request it in writing unless I believe that that the access requested is reasonably likely to endanger the life or physical safety of you or another person or if the information is contained in separately maintained psychotherapy notes. In those situations, you may have a right to a summary and to have your record sent to another mental health provider or your attorney. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon your request. I retain records for at least seven years from the last date of service.

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If you request, I will supply you with invoices for our sessions, which you may submit to your insurance company seeking reimbursement. This allows you the greatest control over where and when any information about you is released. Please know that insurance companies *require* a diagnosis and description of the service rendered in order to cover any costs; this information will be indicated on my invoice.

## **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

If such a situation arises regarding disclosure, I will make every effort to fully discuss it with you before taking any action, and I will limit my disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, I may need to seek legal advice.

**Without Authorization.** Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. Following is a list of the main categories of uses and disclosures permitted by HIPAA without an authorization. As a psychiatrist licensed in this state and as a member of the American Psychiatric Association, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following addresses these categories to the extent consistent with my Code of Ethics, HIPAA and state law.

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors, peer consultants or treatment team members and includes communications with other health care providers. I occasionally find it helpful to discuss patients with other mental health professionals to provide high-quality treatment. During a consultation, I make every effort to avoid revealing the identity of my client and only disclose the minimum information necessary. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together.

**For Payment.** I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This includes communications you authorize with your insurance company. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment and improvement activities, employee review activities, licensing, and conducting or arranging for other business activities, such as audits, administrative services, case management, legal consultation and care coordination. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, with certain exceptions, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the HIPAA Privacy Rule.]

**Child Abuse or Neglect.** If I, in my professional capacity, have reasonable cause to believe that a minor child has been abused or neglected, had a nonaccidental physical injury, has injuries at variance with the history given of such injury, or is placed at imminent risk of serious harm, including abandonment, malnutrition, sexual molestation or exploitation, or emotional maltreatment, I must immediately report such condition to the Connecticut Commissioner of Children and Families or a law enforcement agency and may disclose your PHI.

**Adult or Domestic Abuse:** If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from abuse, neglect, abandonment or exploitation, I must immediately make a report to the Connecticut Department of Social Services and may disclose your PHI. If I have reasonable cause to believe that an adult is suffering from abuse, neglect or domestic violence, I may disclose your PHI to a n appropriate governmental authority.

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**Business Associates:** I may disclose your PHI to my business associates, such as information technology, legal or accounting consultants, so that they can perform the activities I have asked them to do. To protect your PHI, I require our business associates to enter into a written contract that requires them to appropriately safeguard your PHI.

**Disabled Person Abuse:** If I have reasonable cause to believe that a person with an intellectual disability or a person who receives services from the Department of Social Services' Division of Autism Spectrum Disorder Services is suffering from abuse or neglect, I must immediately make a report to the Connecticut Department of Social Services and may disclose your PHI.

**Judicial and Administrative Proceedings.** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, or I am served with a subpoena, such information is privileged under state law and I will not release PHI without written authorization from you or your legally-appointed representative, or pursuant to a court order, administrative order or similar process. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information. If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself. If you were sent by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please let me know before you tell me anything.

**Deceased Clients.** I may disclose PHI to coroners, medical examiners or funeral directors as required by law. I may disclose PHI regarding deceased clients as mandated by state law or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased clients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Medical Emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. If you make an immediate threat of serious physical harm to another person, or if you have a history of violence and the apparent intent and ability to carry out the threat, the law may require me to take protective actions, which may include notifying the potential victim, contacting the police, and/or seeking hospitalization for you. If you threaten to harm yourself, I may be obligated to seek hospitalization for you, or contact your family members or others who can help provide protection.

**Family Involvement in Care.** I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Health Oversight and Public Health.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, such as reporting adverse reactions to medications or helping with product recalls, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Law Enforcement.** I may disclose PHI to appropriate law enforcement official as required by law, or in compliance with a subpoena (with your written consent), court order, administrative order or similar document, including, for example, to prevent harm to you or a person in danger from you, including children or elderly people who I reasonably believe you have been abused or who have abused you, in the case of reportable gunshot wounds, for the purpose of identifying a suspect, fugitive, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, in connection with a crime on the premises or in limited circumstances if you are a suspected victim of a crime.

**Specialized Government Functions.** I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

**Public Safety.** I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. For example, if you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, I may take reasonable precautions. Reasonable precautions may include notifying the potential victim, notifying law enforcement, or arranging for your hospitalization. I may also do so if I know you have a history of physical violence and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I may seek commitment and may contact members of your family or other individuals if it would assist in protecting you.

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**Workers' Compensation.** If you file a workers' compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer, and the Workers' Compensation Commission.

**Verbal Permission.** I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that I have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices. I may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, substance use disorder, mental health and genetic testing information

## **YOUR RIGHTS REGARDING YOUR PHI:**

**Right to a Copy of this Notice.** You have the right to a copy of this Notice.

**Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations when in the exercise of my professional judgment, I believe that that the access requested is reasonably likely to endanger the life or physical safety of you or another person or if the information is contained in separately maintained psychotherapy notes. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

**Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and, if so, will provide you with a copy. Please contact me if you have any questions.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI for the period of six years prior to your request. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

**Right to Request Confidential Communication.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.

**Breach Notification.** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

To exercise any of these rights, please submit your request in writing to me at 215 Main St. Westport, CT 06880. If you believe that I have violated your privacy rights, you have the right to file a complaint in writing with me at 215 Main St. Westport, CT 06880 or with the Secretary of Health and Human Services Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling (202) 619-0257 or 1-877-696- 6775. **I will not retaliate against you for filing a complaint.**