

**THIS NOTICE DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU, GATHERED AT PSYCH & PSYCH SERVICES DURING YOUR TIME AT OUR OFFICE, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## **Notice of Privacy Practices**

Privacy is a very important concern for all those who come to Psych and Psych Services. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated some parts of this Notice are very detailed and you probably will have to read them several times to understand them. If you have any questions our Privacy Officer, David Zachau, will be happy to help you understand our procedures and your rights. Ways to contact Mr. Zachau are at the end of this Notice.

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## A. Introduction - To our clients

This Notice will tell you how we handle your medical information. It tells how we use this information here at Psych and Psych Services, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this Notice, please ask our Privacy Officer (David Zachau) for more explanations or more details.

## B. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or any other what are called "healthcare providers" information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the tests and treatment you got from us or from others, or about payment for healthcare. The information we collect from you is called, in the law, PHI which stands for **Protected Health Information**. This information goes into your **medical or healthcare record** or file at our office.

At Psych and Psych Services this PHI is likely to include these kinds of information:

- Your history. As a child, in school and at work, marriage and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, or needs.
- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. A list of the treatments and any other services which we think will be best to help you.
- Progress notes. Each time you come in we write down some things about how you are doing, what we notice about you, and what you tell us. (note: there is a difference between routine progress notes and “Psychotherapy Notes” as described below. Ask Mr. Zachau if you have any questions.)
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters
- Billing and insurance information

This list is just to give you an idea and there may be other kinds of information that go into your healthcare record here.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to us.
- To show that you actually received the services from us which we billed to you or to your health insurance company.
- For teaching and training other healthcare professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record, and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it and if you want a copy we can make one for you (there will be a charge for the cost of copying. There will also be a charge for mailing. We may need up to 30 days in order to copy or mail the records you are requesting.). If you find anything in your records that you think is incorrect or believe that something important is missing you can ask us to amend (add information to) your record although in some rare situations we don't have to agree to do that. If you want, our Privacy Officer, David Zachau, can explain more about this. The review of records will take place with a mental health professional present to answer any questions you may have.

### C. Privacy and the laws

We are also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires us to keep your Protected Health Information (or PHI) private and to give you this notice of our legal duties and our privacy practices which is called the **Notice of Privacy Practices** (or **NPP**). We must notify you if there is a breach of your unsecured PHI. We will obey the rules of this notice as long as it is in effect but if we change it the rules of the new NPP will apply to all the PHI we keep. If we change the NPP we will post the new Notice in our office where everyone can see. You or anyone else can also get a copy from our Privacy Officer at any time and it will be posted on our website at [web address].

When applicable, we will comply with State and Federal laws that are more stringent than the HIPAA privacy regulations regarding our use or disclosure of your PHI.

## D. How your protected health information can be used and shared

When your information is read by staff in this office and used by us to make decisions about your care that is called, in the law, “**use**.” If the information is shared with or sent to others outside this office, that is called, in the law, “**disclosure**.” Except in some special circumstances, when we use your PHI here or disclose it to others we share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed (shared) and so we will tell you more about what we do with your information.

We use and disclose PHI for several reasons. Mainly, we will use and disclose it for routine purposes and we will explain more about these below. For other uses we must tell you about them and have a written Authorization from you unless the law lets us or requires us to make the disclosure without your authorization.

### 1. Uses and disclosures of PHI in healthcare *with your consent*

After you have read this Notice you will be asked to sign a separate **Acknowledgement form** stating you have been given a copy of this Notice. In almost all cases we intend to use your PHI here, or share your PHI with other people or organizations, to provide **treatment** to you, arrange for **payment** for our services, or some other business functions called health care **operations**. Together these routine purposes are called TPO and the Consent form allows us to use and disclose your PHI for TPO. Take a minute to re-read that last sentence until it is clear because it is very important. Next we will tell you more about TPO.

#### 1a. For treatment, payment, or health care operations.

We need information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it to care for you properly. Therefore you must sign the Consent form before we begin to treat you because if you do not agree and consent we cannot treat you.

When you come to see us, several people in our office may collect information about you and all of it may go into your healthcare records here. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations. Let's see what these mean.

##### *For treatment*

We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of our services.

We may share or disclose your PHI to others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team we can share some of your PHI with them so that the services you receive will work together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record so we all can decide what treatments work best for you and make up a Treatment Plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this we need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

### *For payment*

We may use your information to bill you, your insurance, or others so we can be paid for the treatments we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things.

### *For health care operations*

There are a few other ways we may use or disclose your PHI for what are called health care operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

## **1b. Other uses in healthcare**

**Appointment Reminders.** We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, we usually can arrange that. Just tell us.

**Treatment Alternatives.** We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

**Other Benefits and Services.** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

**Research.** We may use or share your information to do research to improve treatments. For example, comparing two treatments for the same disorder to see which works better or faster or costs less. In all cases your name, address and other personal information will be removed from the information given to researchers. If they need to know who you are we will discuss the research project with you and you will have to sign a special Authorization form before any information is shared.

**Business Associates.** There are some jobs we hire other businesses to do for us. In the law, they are called our Business Associates. Examples include a copy service we use to make copies of your health records and a billing service who figures out, prints, and mails our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with us to safeguard your information.

## **2. Uses and disclosures that require your *Authorization***

If we want to use your information for any purpose besides the TPO or those we describe in this notice we need your permission on an **Authorization form**. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of PHI require your authorization. We don't expect to need this very often.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

### **3. Uses and disclosures of PHI from mental health records that don't require an Authorization**

The laws let us use and disclose some of your PHI without your authorization in some cases. Here are examples of when we might have to share your information.

#### **When required by law**

There are some federal, state, or local laws which require us to disclose PHI.

- We have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI. We will only do so if one of the following applies: (1) the person requesting your PHI is authorized under state law to obtain your information, or (2) after getting your authorization, or (3) after getting a court order requiring us to disclose the information.
- We have to disclose some information to the government agencies which check on us to see that we are obeying the privacy laws.

#### **For Law Enforcement Purposes**

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

#### **For public health activities**

We might disclose some of your PHI to agencies which investigate diseases or injuries.

#### **Relating to decedents**

We might disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

#### **For specific government functions**

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.

#### **To Prevent a Serious Threat to Health or Safety**

If we come to believe that there is a serious and imminent threat to your health or safety, or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger. If we become aware that you are alleged to have abused or neglected a child, an elderly person, or a mentally retarded person we are required to report the allegation to the appropriate Ohio law enforcement agency. Minors (persons under 18) who disclose that they have been abused or neglected will have their disclosure of abuse or neglect reported to the Children Services agency in their home county. The therapist may also elect to notify the police department in the community where the child resides if the risk appears imminent, or if the disclosure occurs after-hours.

### **4. Uses and disclosures where you have an opportunity to object**

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about who you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency - so we cannot ask if you disagree - we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve we will stop, as long as it is not against the law.

## 5. An accounting of disclosures

When we disclose your PHI we may keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

## E. Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you. There is one limited exception to this. We must agree if you ask us not to disclose PHI to your health plan for the purposes of payment or health care operations when the PHI is related to a health care item or service you have paid for out of pocket in full.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but there are situations where we may charge you for the copy. Your therapist maintains mental health notes to chart your progress in therapy. Other process notes (Psychotherapy Notes) are kept separate and capture details of psychotherapy conversation considered inappropriate for the medical record and information only relevant to the treating therapist. The Psychotherapy Notes are not considered part of your Medical Record. These records will not be released to insurance companies. In Ohio, clients have unlimited access to all of the information in their files. Psychotherapy notes will be released to our clients upon request. Each parent has the same right to the medical information in the files of their children, unless there is a court order blocking the release of information to the non-residential parent in a divorce situation. Contact our Privacy Officer for more information on how to arrange to see your medical records. (See below)
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
5. You have the right to get an accounting of certain disclosures we make of your protected health information. To get this accounting, you have to make a request in writing and send it to our Privacy Officer. It will not cost you anything for one accounting in a 12-month period, but for each accounting after one in a 12-month period we may charge you a reasonable fee.
6. You have the right to a copy of this notice on paper even if you have requested the Notice by e-mail or in some other electronic transmission. You also have a right to receive an electronic copy of this Notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.
7. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

Also, you may have other rights which are granted to you by the laws of our state and these may be the same or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

**F. If you have questions or problems**

If you need more information or have questions about the privacy practices described above please speak to the Privacy Officer whose name and telephone number are listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and with the Secretary of the federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

**G. Acknowledgement of Receipt of Notice.** You will be asked to sign an acknowledgement that you received this Notice of Privacy Practices.

If you have any questions regarding this Notice or our health information privacy policies, please contact our Privacy Officer who is **David Zachau** and can be reached by phone at 440-323-5121 or by e-mail at [dave@psychandpsych.com](mailto:dave@psychandpsych.com). Mr. Zachau is also a professional clinical counselor and co-owner of the Practice.

The effective date of this notice is June 25, 2013.

THANK YOU FOR READING ABOUT YOUR RIGHTS UNDER HIPAA!