

HIPAA HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 NOTICE OF PRIVACY PRACTICES **Effective Date: April 14, 2003**

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), this notice describes how information and records I have about you and/or your child's health, health status, and the services you receive from this practice may be used and disclosed, and describes your rights and my obligation regarding the use and disclosure of that information. If you have any questions or requests concerning this notice, please contact me at (828) 225-9800.

USE AND DISCLOSURE OF HEALTH INFORMATION

By state law and the ethics of the American Psychological Association, I must have your written, signed consent to use and disclose health information for the following purposes:

- **For Treatment** - to provide you and/or your child with clinical services.
- **For Payment** - to bill and receive payment from an insurance company or a third party payer. It is my policy to release only diagnoses, dates, and type of service to those third party payers, unless otherwise stated in your contract with that insurance company or third party payer. If necessary, collection of fees through a collection agency or other method may require release of your identifying information.
- **For Health Care Operations** - to run the practice and make sure that you and/or your child receive quality care. For example, I may contact your child's teacher or physician upon your request. Please notify me in writing if you wish to make restrictions about such contact. You may revoke any consent that you have given at any time by giving me written notice. Your revocation will be effective when I receive it, but it will not apply to any uses and disclosures that occurred before that time.

SPECIAL SITUATIONS

I may use or disclose health information about you and/or your child without your permission for the following purposes, subject to all applicable legal requirements and limitations:

- **To Avert a Serious Threat to Health or Safety** - Based on professional judgment, I may use and disclose health information about you and/or your child to prevent a serious threat to you or your child's health and safety or the health and safety of the public or another person.
- **Required By Law** - Based on professional judgment, I may disclose health information about you and/or your child when required to do so by federal, state or local law. Disclosures may be compelled by the U.S. Department of Health and Human Services for compliance and enforcement purposes.
- **Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, I may disclose health information about you and/or your child in response to a court or administrative order. Subject to all applicable legal requirements, I may also disclose health information about you in response to a subpoena. Such disclosures would be based on professional judgment.
- **Law Enforcement** - I may release health information if required to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Family and Friends** - In situations where you are not capable of giving authorization (because you are not present or due to your incapacity or medical emergency), I may, using my professional judgment, determine that a disclosure to your family member or friend is in you or your child's best interest. In that situation, I would disclose only health information relevant to the person's involvement in your or your child's care.

ADDITIONAL DISCLOSURES

Under HIPAA regulation, additional disclosures may be requested for the following purposes, however information for these purposes will not be disclosed without your authorization; and may be contrary to state law. You should be aware that once information leaves this practice it could be used by others in ways that are beyond my control. These purposes include:

- **Public Health Risks**. Health information about you and/or your child may be disclosed for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Health Oversight Activities**. Health information about you and/or your child may be disclosed to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- **Information Not Personally Identifiable**. Health information about you and/or your child may be disclosed in a way that does not personally identify you or reveal who you are.

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

Your child's health information will not be used or disclosed by me for any purpose other than those identified in the previous sections, without your specific, written authorization. If you authorize me to use or disclose health information about you and/or your child, you may revoke that authorization, by informing me of the reasons for your revocation, in writing at any time. If you revoke your authorization, I will no longer use or disclose information about you and/or your child for the reasons covered by your written authorization, but I cannot revoke any uses or disclosures previously made with your permission.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU OR YOUR CHILD

You have the following rights regarding health information I maintain about you:

- **Right to Inspect and Copy**. You have the right to inspect and copy your child's health information, such as printed forms, insurance documents and billing records. You do not have the right to inspect or copy psychotherapy notes or

information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding. You must submit a written request to me in order to inspect and/or receive a copy of your child's health information. If you request a copy of the information, there may be a fee for the costs of copying, mailing or other associated supplies. I have the right to deny your request to inspect and/or copy this information in certain limited circumstances, in which case you may ask that the denial be reviewed. If such a review is required by law, I am required to select a licensed health care professional to review your request and my denial and I will comply with the outcome of that review.

- **Right to Amend**. If you believe health information I have about you and/or your child is incorrect or incomplete, you have the right to request an amendment. To do so, you must submit a clear written statement of the amendment you request. I may deny this request if it is not in writing or does not include a reason to support the request. In addition, I can not amend information that:
 - I did not create, unless the person or entity that created the information is no longer available to make the amendment
 - is not part of the health information that I keep
 - is information that is not part of the record which you have inspected or copied
 - is accurate and complete
- **Right to an Accounting of Disclosures**. You have the right to request an "accounting of disclosures." This is an accounting of information regarding disclosures that I have made about your child for purposes other than treatment, payment and health care operations. To obtain this information, you must submit your request in writing to me. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the information (for example, on paper or electronically). The first "accounting of disclosures" you request will be free. For any additional "accounting of disclosures", I may charge you for the costs of providing this information. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions**. You have the right to request a restriction or limitation on the health information I use or disclose about you and/or your child. For example, you could ask that I not call you at your office, or that I not communicate with a certain family member, no matter what the circumstance. Although I am not required to agree to this request, I will make every effort to do so, with the exclusion of the need to provide you or your child with emergency treatment. To request a restriction, you must advise me in writing of specific limitations or restrictions you are requesting. You do not have to designate the reason for your request and I will accommodate any reasonable request.
- **Right to Request Confidential Communications**. You have the right to request that I communicate with you about clinical matters in a certain way or at a certain location. For example, you may ask that I only contact you at work or never contact you at work. To request confidential communications, you must advise me in writing of specific limitations or restrictions you are requesting. You do not have to specify the reason for your request and I will accommodate any reasonable request.

CHANGES TO THIS NOTICE

I reserve the right to change this notice, and to make the revised or changed notice effective for clinical information I already have about you as well as any information I receive in the future. If changes are made to this policy, a summary of the new policy will be posted in the office waiting room or given to you, with the effective date clearly shown at the top. I will provide you with a copy of any new policy upon request

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, submit your complaint in writing to me. You will not be penalized for filing a complaint.