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Privacy Notice

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Notice of 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. IT ALSO EXPLAINS HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

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

The therapist 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 your therapist provides, coordinates, or manages your healthcare and other services related to your healthcare. An example of “**treatment**” would be when your therapist consults with another health care provider, such as your family physician, another psychologist, or other mental health professional. Another example of “**treatment**” would be direct consultation with school personnel, including guidance counselors, school psychologists, school administrators, or teachers.
 - **Payment** is when your therapist obtains reimbursement for your healthcare. Examples of “**payment**” are when the therapist discloses your “**PHI**” to your health insurer to obtain reimbursement for your healthcare or to determine eligibility for coverage.
 - **Health Care Operations** are activities that relate to the performance and operation of the therapist’s 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 the therapist’s office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “**Disclosure**” applies to activities outside of the therapist’s office, such as the releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

The therapist may **use** or **disclose PHI** for purposes *outside of treatment, payment, and healthcare operations* when the client’s appropriate authorization is obtained. An “**authorization**” is written permission above and beyond the general consent that permits only specific disclosures. Those instances when the therapist is asked for information for purposes outside of **treatment, payment and health care operations**, the therapist will obtain an **authorization** from you before releasing this information. The therapist will also need to obtain an **authorization before releasing your psychotherapy notes**. “**Psychotherapy notes**” are notes the therapist has made about talks during private, group, joint or

family counseling session. If I have made any psychotherapy notes, these are kept separate from the rest of your clinical 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 each 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 PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If, in my professional capacity, I know or suspect that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, I am required by law to immediately report that knowledge or suspicion to the Ohio Public Children Services Agency, or a municipal or county peace officer.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, I am required by law to immediately report such belief to the County Department of Job and Family Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and I will not release this information without written authorization from you or your persona or legally-appointed representative, or a court order. 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.
- **Serious Threat to Health or Safety:** If I believe that you pose a clear and substantial risk of imminent serious harm to yourself or another person, I may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to me an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and I believe you have the intent and ability to carry out the threat, then I am required by law to take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).
- **Worker's Compensation:** If you file a worker's compensation claim, I may be required to give your mental health information to relevant parties and officials.

- **If the Client is a Minor:** Both parents have access to the minor client's complete clinical record, including Psychotherapy Notes, unless there is a court order prohibiting one of the parents from access.
- **If a Government Agency** (such as Medicare) is requesting the information for health oversight activities, I may be required to provide it for that agency.
- **Complaint or Lawsuit:** If you file a complaint or lawsuit against me, I may disclose relevant information about you in order to defend myself.
- **Your Health Insurance Plan** has the right to review your clinical records for any services you have asked them to pay for. A health insurance plan is entitled to see Protected Health Information in your clinical record, including information about dates of therapy, symptoms, your diagnosis, your overall progress towards goals, any past treatment records which may have been received from other providers, reports of any professional consultations, your billing records, and any reports that may have been sent to anyone. However, unless your treatment is being paid for by a Worker's Compensation plan, a health insurance plan is not entitled to see Psychotherapy Notes.

IV. Client's Rights and Psychologist's Duties

Client's Rights:

- ***Right to Request Restrictions*** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a 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 your 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 you, or your minor child, for as long as the PHI is maintained in the record. I may deny your access to PHI and psychotherapy notes 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 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 this Notice from me upon request, even if you have agreed to receive this Notice electronically.

Psychologist's Duties:

- 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.

- The therapist reserves the right to change the privacy policies and practices described in this ***Privacy Notice***. Unless the therapist notifies you of such changes, however, the therapist is required to abide by the terms currently in effect herein.
- If the privacy policies and procedures are revised, the therapist will give you a written copy of the revised ***Privacy Notice*** by mail or in person. An updated ***Privacy Notice*** will be posted in the office.

V. Complaints

If you have a concern or complaint about how your “PHI” is being used or disclosed, please contact your therapist to resolve your concerns. You can directly contact your therapist as follows:

Paul Becker, Ph.D
216-595-3175, x1

David Udelf, Psy.D.
216-595-3175, x2

Patricia Masterson, Ph.D.
216-595-3175, x3

Dana Blocker, LISW-S
216-595-3175, x4

If you are unable to reach a satisfactory resolution with your therapist, you may send a written complaint to the ***Secretary of the U.S. Department of Health and Human Services***. I can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Notice Policy

Effective Date: This ***Privacy Notice*** went into effect on **April 13, 2003**.

Restrictions: The therapist will **limit the “uses” or “disclosures”** that they will make as follows:

- **Disclosures of your “PHI” to Family Physicians, another Psychologist, Mental Health Agency Professionals, and/or School Professionals.** If there is ever a need during treatment to disclose your “PHI” to any of these professionals, the nature of the disclosure and the general content of the disclosure will be reviewed with you—verbally—in advance of the contact with the identified professional(s). Such disclosures will only be made with your expressed written permission.
- **Disclosures of your “PHI” to your attorney, personal representatives, or family members helping to pay for your care.** In certain situations, you may request that the therapist share your “PHI” with your attorney, family members, or guardians involved your care or who help pay for your care. Such disclosures will only be made in response to your prior verbal notification and written consent.

Changes to Privacy Notice: The therapist reserves the right to change the terms of the ***Privacy Notice*** and to make the revised ***Privacy Notice*** provisions effective for all “PHI” the therapist maintains. The therapist will provide you with a written copy of the revised ***Privacy Notice*** by mail or in person. An updated ***Privacy Notice*** will be posted in the therapist’s office.

YOUR SIGNATURES ON THE ACCOMPANYING “ACKNOWLEDGEMENT AND SERVICE AGREEMENT” FORM—A COPY OF WHICH IS MAINTAINED IN YOUR MEDICAL RECORD—WILL SERVE AS ACKNOWLEDGMENT THAT YOU HAVE RECEIVED THIS PRIVACY NOTICE, AND HAVE READ AND UNDERSTAND THE SERVICE AGREEMENT.