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Notice of Psychologist's 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 AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

I may use or disclose your *protected health information (PHI)*, for *treatment, payment and health care operations* purposes with your *written authorization*. 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 I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - Payment* is when I obtain reimbursement for you healthcare. Examples of payment are when I disclose you PHI to your health insurer to obtain reimbursement for you health care or to determine eligibility or coverage.
 - Health Care Operations* are activities that relate to the performance and operation of my 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 my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.
- “*Authorization*” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes.

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“*Psychotherapy Notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical 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, law provides the insurer the right to contest the claim under the policy.

III: Uses and Disclosures without Authorization

I may release PHI to a third-party payor or peer review organization with the prior written consent of you or your legal representative.

I may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – If I reasonably believe a child, whom I am treating, has been abused, I must report this belief to the appropriate authorities as required by law.
- Adult and Domestic Abuse – If I suspect that a dependent adult has been abused, I must report this suspicion to the appropriate authorities as required by law.
- Health Oversight Activities – If I receive a subpoena from the Iowa Board of Psychology Examiners for protected health information regarding you, I must comply with that subpoena and disclose that information to the Board.
- Judicial and Administrative Proceedings – if you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release information without your written consent 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 you present a clear, imminent risk to another, I may disclose information necessary to seek hospitalization or otherwise protect that individual. If I believe there is a clear and imminent risk that you will harm yourself, I may disclose information necessary to seek hospitalization for you or to alert family members or others who have the ability to protect you.
- Worker’s Compensation – I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker’s

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compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

- Consultation with other Mental Health Professionals- I may occasionally consult other health or mental health professionals about a patient. During a consultation, I make every effort to avoid revealing the identity of the patient. The other professionals are legally and ethically bound to keep the information confidential. Unless a patient objects, I will not inform him or her about such consultations unless it is important to our work together.
- Administration and Clerical Purposes- In most cases, I need to share protected information with employed office staff for administrative purposes, such as scheduling, billing, and quality assurance. All employees have received training about protecting your privacy and have agreed not to release any information outside of the office without authorization.
- In the event of your death, your legal representative has a right to obtain copies of your records.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. 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. On 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 in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI 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 and denial 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. On your request, I will discuss with you the details of the accounting process.

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- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the 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.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by terms currently in effect.
- If I revise my policies and procedures, I will provide you with a copy of the revised policies and procedures at your next appointment. You may also request a copy of the revision by mail.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact Dr. Frank Gersh, Privacy Officer.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

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

This notice will go into effect on April 14, 2003.

I reserve the right to change the terms of this notice and make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice at your next appointment or by mail at your request.

I have read and understood this Notice of Psychologist's policies and practices to protect the privacy of my health information. I have been given a copy of this document form for my records.

Patient or Parent/Guardian

Date