

THE PSYCHOLOGY CLINIC, Inc.

NOTICE OF CLINIC POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF 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. Overview

Your health record contains personal information about you and your health. The information about you that may identify you and that relates to your past, present or future mental health or condition and related health care services is referred to as *protected health information* (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA). It also describes your rights regarding how you may gain access to and control your PHI. The Psychology Clinic is required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

II. How We May Use and Disclose Health Information About You

A. 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 or other treatment team members. We may disclose PHI to any other consultant (e.g., family physician) only with your authorization.

B. Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities include making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to determine medical necessity or undertaking utilization review activities. If it becomes necessary to use collection processes due to a lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

C. Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities that relate to the performance and operation of the clinic such as quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination. We may also share PHI with third parties that perform various business activities (e.g., billing or typing services) provided we 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.

D. Required by Law. Under law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

III. Uses and Disclosures with Neither Consent nor Authorization

The following is a list of uses and disclosures of PHI permitted by HIPAA without consent or an authorization. Applicable laws and ethical standards permit The Psychology Clinic to disclose PHI without your authorization only in a limited number of situations.

A. Child Abuse or Neglect. If your clinician has reasonable cause to suspect that a child seen in the course of his or her professional duties has been abused or neglected, or has reason to believe that a child seen in the course of his or her professional duties has been threatened with abuse or neglect, and/or that abuse or neglect of the child will occur, we must report this to the relevant child welfare agency, police, or sheriff's department.

B. Elder Abuse. If your clinician believes that an elder person has been abused, or neglected, we may report such information to the relevant county department or state official of the long-term care ombudsman.

C. Judicial or 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, such information is privileged under state law and will not be released without written authorization from you or your personal 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.

D. Serious Threat to Health or Safety. If your clinician has reason to believe, exercising his or her professional care and skill, that you may cause harm to yourself or another, he or she must take steps to protect you and/or warn the third party, which may include contacting the police and/or instituting commitment proceedings.

E. Family Involvement in Care. We may disclose PHI to close family members directly involved with your treatment based on your consent (written or verbal) or as necessary to prevent serious harm.

F. Medical Emergencies. We may disclose PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.

G. Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections.

H. Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, 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, or in connection with a crime on the premises.

I. Deceased Clients. We may disclose PHI regarding deceased clients as mandated by state law or to a family member who 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.

J. Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces and from the Department of State for medical suitability determinations.

K. Public Health. If required, we may disclose 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.

L. Research. PHI may only be disclosed after a special approval process or with your authorization.

M. Worker's Compensation. If you file a worker's compensation claim, we may be required to release records relevant to that claim to your employer or its insurer and we may be required to testify.

IV. Uses and Disclosures Requiring Authorization

The Psychology Clinic may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An *authorization* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when The Psychology Clinic is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. *Psychotherapy notes* are notes that may have been made about your conversations during a private, group, joint or family counseling session, which have been 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 and/or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that 1.) The Psychology Clinic has relied on that authorization, or 2.) the authorization was obtained as condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

V. How The Psychology Clinic Protects Your PHI

The Psychology Clinic limits the collection of PHI to that which is necessary to administer our business, provide quality services and meet regulatory requirements. We maintain physical, electronic and procedural safeguards that comply with federal regulations to safeguard your PHI. We limit the internal use of oral, written and electronic PHI about you and ensure only authorized staff and business associates with the need to know have access to it. We maintain safeguards for your PHI and review these safeguards regularly to protect your privacy.

VI. Your Rights Regarding Your PHI

A. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.

B. 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 receiving services at The Psychology Clinic. Upon your request, we will send your bills to another address.)

C. Right to Inspect and Copy. You have the right to inspect or obtain a copy (or both) of PHI in your clinical and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, your clinician will discuss with you the details of the request process. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access could cause serious harm to you. We may charge a reasonable, cost-based fee for copies.

D. Right to Amend. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request, your clinician will discuss with you the details of the amendment process.

E. Right to an Accounting of Disclosures. You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, your clinician will discuss with you the details of the accounting process.

F. Right to be Notified of a Breach. If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

G. Right to a Paper Copy. You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.

VII. Questions and Complaints

If you have questions or are concerned that your privacy rights have been violated, or you disagree with a decision that was made about access to your records, you may contact the clinic directors, James Black, Ph.D., David Roethe, Ph.D. or Kerri Lehman, Ph.D. at 608-238-9991.

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at 310 N. Midvale Blvd., Suite 202, Madison, Wisconsin 53705 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201.

We will not retaliate against you for filing a complaint.

VIII. Restrictions, Changes to Privacy Policy and Effective Date

The Psychology Clinic reserves the right to change the privacy policies and practices described in this notice. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time.

If The Psychology Clinic revises its policies and procedures, you will be provided with a revised notice of these changes at your next scheduled appointment.

This notice went into effect on September 23, 2013.

This notice was reviewed and approved on July 26, 2018.