

# **Notice of Privacy Practices and Confidentiality**

## **Crocus Psychology**

### **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **CONFIDENTIALITY**

I am committed to protecting the privacy of your identity and personal information. In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. As a rule, I will disclose no information about you, or the fact that you are my patient, without your written consent. My formal Mental Health Record describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. I do not routinely disclose information pertaining to session content or any information relevant to the treatment, so I will require your permission in advance, either through your consent at the onset of our relationship (by signing a release of information consent form), or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting me. However, there are a number of exceptions to this rule according to State and Federal law.

#### **Limits of Confidentiality:**

1. Abuse Reporting: There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. I am required by law to breach confidentiality without a client's permission if I have reasonable suspicion that a client or other named individual is the perpetrator of, observer of, or actual victim of physical, emotional, financial, or sexual abuse, neglect, or exploitation of a child under 18 years of age, an elderly person over 59 years of age, or a disabled and vulnerable person. In this case I must file a report with an appropriate state agency. (Please note that sexual exploitation of a child includes accessing, viewing, or distributing child pornography).
2. If I believe that a patient is threatening serious or grave bodily harm or death to another, I am required to take protective actions. These actions

may include notifying the potential victim(s) or parent/guardian of the potential victim(s), contacting the police, and/or seeking hospitalization for the patient.

3. If a patient threatens or attempts to commit suicide or to behave in a manner with a substantial risk of incurring serious bodily harm, I may be obligated to break confidentiality, to seek hospitalization for this patient, and/or to contact family members or others who can help provide protection for this patient.

4. For New York patients only: The SAFE Act (i.e., Secure Ammunition and Firearms Enforcement Act) was enacted into law in New York on January 15<sup>th</sup>, 2013. Although it is essentially a gun control law, it contains specific reporting duties for psychologists. As a psychologist, I am required to make a report to the Director of Community Services when, using reasonable professional judgment, I conclude that a person that I am treating is likely to engage in conduct that would result in serious harm to self or others.

5. If you are under age eighteen, please be aware that while the specific content of your communications will remain confidential, your parents have a legal right to receive general information about how your treatment is proceeding and to access your Mental Health Record, barring certain exceptions.

6. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and/or those in which your emotional condition is an important issue, a judge may order my testimony if they determine that the issues demand it. Therefore, in an administrative or judicial proceeding, I may be required to comply with a court order to release records. This occurs if a court of law issues a legitimate court order for information stated on the court order.

7. If you are paying for my services with health insurance, I will need to release parts of your health information and medical record to the insurance company in order to obtain reimbursement. The insurance company is mandated by law to keep this information confidential.

8. I regularly with consult other professionals in their areas of expertise about your case in order to provide the best treatment for you. During a consultation, I make every effort to avoid revealing the identity of my patient. However, information about you may be shared in this context. The consultant is also legally bound to keep the information confidential. I will not tell you about these consultations unless you specifically request that I notify you or I feel that it is important to our work together.

9. If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.

10. If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions related to your treatment in public or outside of therapy.

## **HIPAA PRIVACY RULES FOR THE PROTECTION OF HEALTH AND MENTAL HEALTH INFORMATION**

### **PATIENT'S RIGHTS AND PROVIDER'S DUTIES:**

#### **I. PLEDGE REGARDING HEALTH INFORMATION:**

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I will create a record of the care and services you receive. This record is necessary to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. Also described are your rights to the health information kept about you and certain obligations regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

#### **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways I may use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways permitted to use and disclose information will fall within one of the following categories.

- For Treatment Payment or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.
- Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.
- Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I will keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For my use in treating you.
- b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.

- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - g. Required by a coroner who is performing duties authorized by law.
  - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
  3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of business.

**IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, your PHI can be disclosed without your Authorization for the following reasons:**

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although the preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.

9. For workers' compensation purposes. Although the preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits offered.

## **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.**

1. Disclosures to family, friends, or others. Your PHI may be disclosed to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

## **VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.

2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. The Right to Choose How Your PHI is sent to you. You have the right to ask to be contacted in a specific way (for example, home or office phone) or to send mail to a different address, and all reasonable requests will be respected.

4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information on record. You will be provided with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and you may be charged a reasonable, cost-based fee for doing so.

5. The Right to Get a List of the Disclosures Made. You have the right to request a list of instances in which your PHI has been disclosed for purposes other than treatment, payment, or health care operations, or for which you provided an Authorization. Request for an accounting of disclosures will be

received within 60 days of your request. The list will include disclosures made in the last six years unless you request a shorter time.

The list will be provided to you at no charge, but if you make more than one request in the same year, a reasonable cost-based fee for each additional request will be charged.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request correction to the existing information or add the missing information. Your request may be denied, but you will be informed of the reason in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.