



HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

NOTICE OF PSYCHOLOGIST'S POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

Protected Health Information (PHI) is defined as (with certain exceptions): individually identifiable health information regarding the patient - it may include: medications prescribed and monitoring; counseling sessions beginning and termination dates; the modalities and frequencies of treatment furnished; results of clinical tests; and any of the following items - diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date

My policy in regard to release of information is as follows: Unless otherwise permitted or required as articulated below, the release of any medical/psychological/social information to any person or agency requires your signed authorization. You have a right to revoke consent or authorization at any time. You have a right to inspect and/or copy Protected Health Information (PHI) in your record.

I have the right to release information to your insurance agency as required to satisfy their requirements/ inquiry regarding billing and/or regarding precertification for treatment (if precertification is required). I may release PHI for treatment provision, coordination, and management of health care and related services, payment, or health care operations. You may request restrictions regarding such disclosures of information, but I am not required to abide by your request. You may request that information be amended.

I may use or disclose PHI without your consent or authorization in the following circumstances: Child abuse, adult and domestic abuse regarding an individual over the age of 60, health oversight activities, any information required by court order, overdue accounts, serious threat of imminent harm against another or to yourself, workman's compensation proceedings. You may request a detailed definition of these items.

You have the following rights if you wish to exercise them: a right to request restrictions regarding disclosures of PHI; a right to receive confidential information by alternative means or at an alternative location; a right to inspect and copy PHI and billing records; a right to amend PHI; a right to receive an accounting or disclosures of PHI; and a right to receive additional copies of this notice.

If, for some reason, a situation occurs that is not covered in this document, the guidelines of the HIPAA Privacy Rule will be used. Your records are held private, and I will not release information unless allowed to or required by law of the HIPAA Privacy Rule. When I disclose any information, I will disclose as minimal amount of information as possible for the purpose it is required/requested.