

## HIPPA Confidentiality

### **Notice of Policies and Practices to Protect the Privacy of your Health Information**

This notice explains how your protected health information about you may be disclosed as necessary for treatment, payment and health care operations and the exceptions and rights therein.

#### Uses and Disclosures for Treatment, Payment and Health Care Operation Activities

A client has the right to impose restrictions on the use or disclosure of PHI in some circumstances in which use or disclosure would otherwise be permitted under HIPPA

##### **1. 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 operation purposes with your consent*. PHI is information in your health record that could identify you.

*Treatment* is when I provide, coordinate or manage your health care and or other services related to your health care. An example of treatment would be when I consult with another health care provider, your family, physician or psychiatrist.

*Payment* is when I obtain reimbursement for your healthcare and other services related to your healthcare. For example, this would be information necessary to get insurance reimbursement and determine your insurance eligibility.

*Health Care Operations* are activities that relate to the performance and operations of my counseling services. Such as... Quality assessment, and improvement activities, business related matters such as audits and administrative services and case management and case coordination.

*Use* applies only to activities within my office, clinic, practice, or group the sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

*Disclosure* applies to activities outside of the office, clinic, practice group etc. such as releasing, transferring, or providing access to information about you to other parties.

##### **2. Uses and Disclosures Requiring Authorization**

I 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need an authorization signed by you or your legally responsible party before I can release the progress notes we keep about you in your file. *You may revoke each release in writing except* (1) to the extent I have relied on it 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. You have the right to request a restriction of the Privacy Officer and a determination will be made as to whether it was permissible and notify you regarding the results of the review of your request.

##### **3. Uses and Disclosures with Neither Consent Nor Authorization**

- a. **Child Abuse**-If in my professional opinion, I have reasonable suspicion or a child comes before me indicates they are abused or maltreated, or where a parent, guardian, custodian or other person legally responsible for the child comes before me in my professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child abused or maltreated, I am mandated to report such abuse or maltreatment to the statewide central register of child and maltreatment, or the local child protective services.
- b. **Health Oversight**-If there is a question regarding a professional conduct complaint and the MYS Commissioner is investigating regarding your case, the relevant records relevant to this inquiry will be disclosed

- c. **Judicial or Administrative Proceedings** If a judge orders your record due to you being involved in a court proceeding you will be notified of the request however we cannot deny access to your record. If it ordered by an attorney an authorization is necessary from you.
- d. **Serious threat to Health or Safety of yourself or another** I may disclose your confidential information to protect you or others from a serious threat or harm by you.
- e. **Medical Emergency** In case of a medical emergency your information the minimal amount of contact with your emergency contact and those medical professionals involved will be notified of the basic information necessary in order for you to get the proper emergency medical attention you may need.

#### 4. Patient's Rights and Counselor's Duties

**Right to request restrictions-** you have a right to request restrictions on certain uses and disclosures of PHI about you.

You may request that the Covered Entity restrict use or disclosure of PHI for purposes of treatment, payment and health care operations, and may request a restriction on information given to family members, friends, and others involved in your care. This restriction request will be reviewed by the Privacy officer and you will be notified of the result and a copy of the result will be kept in your file. Requests for restrictions on the use of PHI for treatment, payment and health care operations must be made in writing on a request for Restriction on Use and Disclosure of Health Information Form. The Privacy Officer (owner of operation) will review the request and may accept or reject as permitted by law. You will be notified of the disposition on your request in writing. A copy of this letter will be kept in your file.

**Right to receive your confidential communication by alternate means/or locations** Any correspondence from this office can be sent to alternate location to protect your confidentiality.

**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 however I may deny your access in certain circumstances, and in some circumstances you may have this decision reviewed.

**Right to an accounting** You have a right to the accounting of PHI sent without your consent nor authorization as described in a-e above.

You have a right to a paper copy of this agreement.

I understand the above.

X \_\_\_\_\_

Date \_\_\_\_\_