

Notice of Psychologist's Policies & Practices to Protect the Privacy of a Patient's Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL & MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

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

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, & health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- "*PHI*" refers to information in your health record that could identify you.
- "*Treatment, Payment, & Health Care Operations*"
 - *Treatment* is when I provide, coordinate or manage your health care & 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 your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance & operation of my practice. Examples of health care operations are quality assessment & improvement activities, business-related matters such as audits & administrative services, & case management & care coordination.
- "*Use*" applies only to activities within the clinic such as sharing, employing, applying, utilizing, examining, & analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of the clinic, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses & 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. An "*authorization*" is written permission above & beyond the general consent that permits only specific disclosures. 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. "*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 & Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If I have reasonable cause to suspect that a child is neglected or abused I must make a report immediately to the Department of Human Services.
- **Adult & Domestic Abuse:** If I know or suspect that a vulnerable adult has been or is being abused, neglected, or exploited, I must immediately report such to the Department of Human Services.

"*Vulnerable adult*" means a person 18 years of age or older, or any minor whose ability to perform the normal activities of daily living or to provide his or her own care or protection is impaired due to mental, emotional, physical or developmental disability or dysfunction, or brain damage or infirmities of aging.
- **Health Oversight Activities:** The Mississippi Board of Psychology may subpoena records from me relevant to disciplinary proceedings & investigations.
- **Judicial & Administrative Proceedings:** If you are involved in a court proceeding & a request is made for information about the professional services that I provided you, or your diagnosis or treatment, &/or the records thereof, such information is privileged under state law & I must not release information without your 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. I will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to me an actual threat of physical violence against a clearly identified or reasonably identifiable potential victim or victims, I must disclose this information to the potential victim or victims, law enforcement, or the parent or guardian if the potential victim is a minor.
- **Workers' Compensation:** If you file a worker's compensation claim, I must furnish to your employer or the insurer a report concerning your injury & treatment.

Patient Copy

IV. Patient's Rights & Responsibilities & Psychologist's Duties

Patient's Rights

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses & 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 & at Alternative Locations* – You have the right to request & receive confidential communications of PHI by alternative means & 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 & Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health & 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 & 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.
- *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 & to provide you with a notice of my legal duties & privacy practices with respect to PHI.
- I reserve the right to change the privacy policies & practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies & procedures, I will make these revisions available at the next scheduled appointment.

V. Patient's Additional Rights & Responsibilities

- *Right to an Alternative Therapist* -- Request and receive a different therapist than the assigned therapist
- *Right to Alternative Services* -- Request and receive the names of qualified professionals in the area who may provide alternative services
- *Right to Terminate Services* -- Terminate services at any time during the course of treatment
- *Right to Answers about Services* -- Receive answers to any questions about the services offered by the Center
- *Right to Information about benefits and risks* -- Be informed of both the benefits and risks associated with any techniques or services offered to you
- *Right of Refusal* -- Refuse any techniques or services considered objectionable by you
- *Right to Prevent Electronic Recording* -- Prevent electronic recording (audio or video) of any portion of any session without prior written approval from you

Patient's Responsibilities

- **Keep your scheduled appointments. If an emergency or illness prevents you from keeping your appointment, please let us know as soon as possible. If canceling an appointment, 24-hour notice is appreciated. Call (662) 915-7385.**
- *Take an active role in therapy.* As a part of therapy, we may ask you to complete "homework" assignments. As part of your therapy, we may ask you to maintain records of behaviors, mood states, and other clinically important information.
- *Pay your determined fees on time*

VI. 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 **Scott Gustafson, Ph.D.**, University of Mississippi Psychological Services Director, (662) 915-5272.

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

VII. Effective Date of notice _____
