

NOTICE

Notice of Psychotherapists' Policies and Practices to Protect the Privacy of Your Health Information on compliance with the Health Insurance Portability and Accountability Act (HIPPA)

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 THIS CAREFULLY.

1.) Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may *use or disclose* your *protected health information (PHI)*, for *treatment, payment, and 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*” is when we provide, coordinate or manage your health care and other services related to your health care.
- “*Payment*” is when we obtain reimbursement for your healthcare. Examples of payment are when we 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 and operation of our practices. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the office such as releasing, transferring, or providing access to information about you to other parties.

2.) Uses and Disclosures Requiring Authorization

We 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 we are 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 we have made about our conversation during a private, group, joint, or family counseling session, which we 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.) We have relied on that authorization; 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.

3.) Uses and Disclosures with Neither Consent nor Authorization

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

***Child Abuse:** If we treat a child who appears to be the victim of physical or sexual abuse, we must report such to the nearest law enforcement agency.

***Adult and Domestic Abuse:** If I have reason to believe that a vulnerable adult(defined below) is suffering from abuse, neglect or exploitation, I am required by law to make a report to either the Oklahoma Department of Human Services, the district attorney's office, or the municipal police department as soon as I become aware of the situation.

A "vulnerable adult" means an individual who is an incapacitated person or who, because of physical or mental disability, incapability, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of him/herself, or is unable to manage his or her property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect him or herself from abuse, neglect, or exploitation without assistance from others.

***Health Oversight:** If you file a disciplinary complaint against me with the Oklahoma State Board of Examiners of Psychologists, they would have the right to view your relevant confidential information as part of the proceedings.

***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 I will not release the information 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.

***Serious Threat to Health or Safety:** If you communicate to me an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable person, and you have the apparent intent and ability to carry out that threat, I have the legal duty to take reasonable precautions. These precautions may include disclosing relevant information from your mental health records, which is essential to protect the rights and safety of others. I also have such a duty if you have a history of physical violence of which I am aware, and I have reason to believe there is a clear and imminent danger that you will attempt to kill or inflict serious bodily injury upon a reasonably identifiable person.

***Worker's Compensation:** If you file a worker's compensation claim, you will be giving permission for the Administrator of the Worker's Compensation Court, the Oklahoma Insurance Commissioner, the Attorney General, a district attorney (or a designee for any of these) to examine your records relating to the claim.

4.) Patient's Rights and Psychologist's Duties

Patient's Rights:

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

***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 seeing me. Upon your request, I will send your statements to another address.)

***Right to Inspect and Copy-** You have the right to inspect or obtain a copy (or both) of PHI in my mental health and 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 and 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. In 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 regarding you. On your request, I will discuss with you the details of the accounting process.

***Right to 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 and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

* I reserve the right to change the privacy policies and 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 and procedures, I will provide you with a revised notice by mail.

5.) Questions and Complaints:

If you have questions about this notice, disagree with a decision I make about access to your records or have other concerns about your privacy rights, you may contact me at my office by telephone (405) 810-1133 or schedule an appointment with me.

If you believe that your privacy rights have been violated and wish to file a complaint with *me/my* office, you may send your written complaint to me at my office address: 1900 NW Expressway, Suite 900, Oklahoma City, 73118. If my office address changes at some later date I will be listed in the Southwestern Bell Telephone Directory.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

You have specific rights under the Privacy Act. I shall not retaliate against you for exercising your right to file a complaint.

I have read the previous information.

Signature of Client/Parent/Legal Guardian

Date