

## **Client Notification of Privacy Rights (HIPPA) Federal Medical Privacy Rule: 45 CFR 164**

This document describes how your mental health records may be used and disclosed and how you can get access to this information.

### **Uses and Disclosure for Treatment Payment and Health Care Operations**

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operational 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, and Health Care Operations
- Treatment- is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another healthcare provider, such as your family physician or another counselor/ psychotherapist/ psychologist/ psychiatrist.
- 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- activities that relate to the performance and operation of my practice. Examples of health care operations are business –related matters such as bookkeeping, administrative services, case management and care coordination.
- Use- applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and/or analyzing information that identifies you.
- Disclosure-applies to activities outside my office such as releasing, transferring or providing access to information about you to other parties.

### **Uses and 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 and beyond the general consent that permits only specific disclosures. In those instance 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 held separate from the rest of your medical record. These notes are given greater degree of protection than PHI.

You may revoke all authorization (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.

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

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

- Child abuse- I am required to report PHI to the appropriate authorities when I have reasonable grounds to believe that a minor is or has been the victim of neglect or physical and /or sexual abuse.
- Adult and Domestic Abuse- I am required to disclose PHI when I have a reasonable grounds to believe that abuse or neglect of an adult is or has occurred or that exploitation of the adult's property has occurred.
- Health Oversight Activities- If the Arizona Board of Behavioral Health Examiners is conducting an investigation, then I am required to disclose PHI upon receipt of a subpoena from the Board.

- **Judicial and Administrative Proceedings-** If you are involved in a court proceeding and a request is made about the professional services I provided you and /or the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your 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 of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and I believe you have the intent and ability to carry out such threat, I have a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and order to initiate a hospitalization procedure. If I believe there is an imminent risk that you will reflect serious harm on yourself, I may disclose information in order to protect you.
- **Worker's compensation-** I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### **Patient's Rights and Counselor Duties**

- **Right to Request Restrictions-** You have the right to request restrictions on certain uses and disclosures of PHI. However, I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communication by Alternative Means and at Alternative locations-** You have the right to request and receive confidential communication 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 statement/bills to another address.
- **Right to Inspect and Copy-**You have the right to inspect or obtain a copy (or both) of PHI regarding 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. 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.

### **Counselor'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 in the 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 written notice.

### **Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on April 14, 2003. I reserve the right to change the terms of this notice and make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice in writing.