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Notice of Privacy Practices  
(Effective April 14, 2003)

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION IS PROTECTED AND CONFIDENTIAL. IT ALSO DESCRIBES THOSE CIRCUMSTANCES WHERE IT MAY BE USED AND DISCLOSED IN COUNSELING AND HOW YOU CAN GET ACCESS TO THIS INFORMATION IF YOU WISH TO DO SO. PLEASE REVIEW IT CAREFULLY.

#### UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION (PHI)

Except in the instances described in this Notice, the information you share with those of us in this office is confidential to this office only. It is our objective to follow, at all times, the Federal and State laws applicable to psychological and substance abuse services under HIPPA standards or the federal Health Insurance Portability and Accountability Act, 45 CFR Part 464 (HIPPA). Toward that end, this motion addresses (a) the Use and Disclosure of Protected Health Care Information (PHI), specifically outlining in which instances your authorization is not needed, (b) Your Health Information Rights, and (c) My responsibilities to you.

#### USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The information you share with your counselor is completely confidential. Exceptions and limitations to client confidentiality are described later in this document under the Uses and Disclosures with neither Consent nor Authorization. I may use or disclose your protected health information (PHI) for treatment, payment and health care operation 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.
- I may use or disclose PHI for purposes outside of treatment, payment, or health care operation when your appropriate authorization is obtained.  
“Authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for the 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, join, 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.
- 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 health care provider, such as your family physician, or another counselor.  
“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 healthcare or to determine eligibility or coverage.  
“Health Care Operations” are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessments and improvement activities, business-related matters such as audits and administrative services and case management and care coordination.  
“Use” applies to activities within my office (office, practice group, etc) such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.  
“Disclosure” applies to activities outside of my (office, practice group, etc.) such as releasing, transferring, or providing access to information about you to other parties.

You may revoke all authorizations of (PHI or Psychotherapy Notes) at any time, provided such 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. These are exceptions to and Limitations of Client Confidentiality:

- **Disclosures for threats to 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 a threat, I have a duty to take reasonable precautions to prevent the harm from occurring, including hospitalization procedures. I have a duty to warn others of a threat. If you believe there is an imminent risk that you will inflict serious harm on yourself, I may disclose information in order to protect you.
- **Child Abuse:** I am required to report PHI to the appropriate authorities when I have reasonable grounds to believe that I minor is or has been the victim of neglect or physical and/or sexual abuse. A report may be made to the appropriate government authorities without seeking authorization.
- **Adult and Domestic Abuse:** If I have the responsibility for the care of an incapacitated or vulnerable adult, I am required to disclose PHI when I have a reasonable basis to believe that occurred. I am required by law to report situations in which I believe elder abuse or neglect has occurred. This report may be made to the appropriate government authorities without seeking authorization.
- **Judicial and Administrative Proceedings, Court Orders, and Subpoenas:** If you are involved in a court proceeding and a request is made for information 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. The mere issuance of a subpoena does not indicate that a privileged communication is now open for discussion. I must still assert the privilege until you waive it, or unless a judge orders the privilege to be waived.
- **Health Oversight Activities:** if the AZ Board of Behavioral Health Examiners is conducting an investigation, then I am required to disclose PHI upon receipt of a subpoena from the Board.
- **Workers 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.

#### YOUR HEALTH INFORMATION RIGHTS/PATIENT RIGHTS

##### **You have the right to:**

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and 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, and at Alternative Locations:** You have a 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. 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 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 an amendment of PHI 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 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 agreed to receive the notice electronically.

#### MY RESPONSIBILITIES TO YOU

I am required by law to:

Maintain the privacy of your PHI and provide you with notice of our legal duties and privacy practices with respect to your PHI.

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.

Revise my policies and procedures. If I do so, I will post notification in the office. You may receive a copy of the revision by request.

## 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 in writing state the complaint. You will receive a written response in writing within 30 days.

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

## EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.

I have read, understood, and agreed to the information stated in this document.

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Client signature

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Date

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Client signature

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Date

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Parent/guardian signature

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Date

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Parent/guardian signature

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Date