

OHIO HIPPA NOTICE FORM

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

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 IT CAREFULLY.

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

Assessment and Family Therapy Center of Northwest Ohio may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes, under most circumstances, with your consent, sometimes without consent. To help clarify these terms, here are some definitions.

- *"PHI"* refers to information in your health records 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 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 and operation of my practice. 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 my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

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

II. Uses and Disclosure Requiring Authorization

Assessment and Family Therapy Center of Northwest Ohio 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 your psychologist is asked for information for purposes outside of treatment, payment and health care operations, Assessment and Family Therapy Center of Northwest Ohio will obtain an authorization from you before releasing this information. Assessment and Family Therapy Center of Northwest Ohio will also need to obtain an authorization before releasing your psychotherapy notes. *"Psychotherapy Notes"* are notes that your psychologist have made about your 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) Assessment and Family Therapy Center of Northwest Ohio have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining treatment or insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Assessment and Family Therapy Center of Northwest Ohio may use or disclose PHI without your consent or authorization in the following circumstances.

- **Child Abuse:** Generally, if, in your psychologist's professional capacity, he/she knows or suspects that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, the psychologist is required by law to immediately report that knowledge or suspicion to the Ohio Public Children Services Agency, or a municipal or county peace officer.
- **Elder Adult Mentally Retarded/Developmentally Disabled Adult:** If your psychologist has reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, your psychologist is required by law to immediately report such belief to the County Department of Job and Family Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and your psychologist will not release this 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 your psychologist believes that you pose a clear and substantial risk of imminent harm to yourself or another person, your psychologist may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to your psychologist an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and your psychologist believes you have intent and ability to carry out the threat, then he/she may take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).
- **Worker's Compensation:** If you file a worker's compensation claim, your psychologist may be required to give your mental health information to relevant parties and officials.

IV. 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, your psychologist is 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 a psychologist. Upon your request, Assessment and Family Therapy Center of Northwest Ohio will send your bills to another address.)

- *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your psychologist may deny your access to PHI or psychotherapy notes under certain circumstances, but in some cases, you may have this decision reviewed. On your request, the Privacy Officer at Assessment and Family Therapy Center of Northwest Ohio will discuss with you the details of the request 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. The psychologist may deny your request. On your request, the privacy Officer at Assessment and Family Therapy Center of Northwest Ohio 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 for which you have neither provided consent nor authorization (as described in Section III of the Notice). On your request, the Privacy Officer at Assessment and Family Therapy Center of Northwest Ohio will discuss with you the details of the accounting process. This right only applies to disclosures within the 6 years prior to the request.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from Assessment and Family Therapy Center of Northwest Ohio upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- Psychologists are 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.
- Assessment and Family Therapy Center of Northwest Ohio reserve the right to change the privacy policies and practices described in this notice. Unless Assessment And Family Therapy Center of Northwest Ohio notifies you of such changes, however, Assessment and Family Therapy Center of Northwest Ohio is required to abide by the terms currently in effect.
- If Assessment and Family Therapy Center of Northwest Ohio revises the policies and procedures, we will contact you by mail or distribute the information as required by law.

V. Complaints

If you are concerned that your psychologist has violated your privacy rights, or you disagree with a decision that the Privacy Officer has made about access to your records, you may contact Glennon Karr, attorney, at 614-848-3100.

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

VI. Effective Dates, Restrictions and Changes to Privacy Policy

This notice will go into effect on 04-14-2003.

Assessment and Family Therapy Center of Northwest Ohio reserves the right to change the terms of this notice and to make the new provisions effective for all PHI that we maintain. Assessment and Family Therapy Center of Northwest Ohio will provide you with a revised notice during your first visit after the revisions are effective or otherwise as required by law.

If you have any questions regarding this notice or wish to exercise any of your rights as described herein, you may contact Audrey E. Ellenwood, Ph.D., or Carol L. Smith, Ph.D.. [Privacy Officers] at 419-885-4121. Any complaints regarding your rights or our practices can also be directed to 419-885-4121. You can also submit a complaint to the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

The Privacy Rule permits patients to *request* restrictions on the use and disclosure of PHI for treatment, payment, and health care operations, or to family members. While Assessment and Family Therapy Center of Northwest Ohio is not required to agree to such restrictions, we will attempt to accommodate a reasonable request. Once we have agreed to a restriction, we may not violate the restriction; however, restricted PHI may be provided to another health care professional in an emergency treatment situation.

A restriction is not effective to prevent uses and disclosure when a patient requests access to his or her records or requests an accounting of disclosures. A restriction is not effective for any uses and disclosures authorized by the patient, or for any required or permitted uses recognized by law.

The Privacy Rule also permits patients to *request* receiving communications from Assessment and Family Therapy Center of Northwest Ohio through alternative means or at alternative locations. As required by the Privacy Rule, I will accommodate all reasonable requests.