



Health Information Portability and Accountability Act (HIPAA) Notice Form

Notice of Psychologist's 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

AUPSC 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 protected health information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when AUPSC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when AUPSC obtains reimbursement for your healthcare. Examples of payment are when AUPSC discloses your PHI to a third party to obtain reimbursement for your health care or to determine eligibility or coverage. AUPSC does not file for insurance coverage so AUPSC does not routinely disclose PHI to third parties, except in the case of billing the Alabama Department of Human Resources or area school systems when they are paying for services.
 - *Health Care Operations* are activities that relate to the performance and operation of AUPSC. 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 AUPSC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of AUPSC, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

AUPSC 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 instances when AUPSC is asked for information for purposes outside of treatment, payment or health care operations, AUPSC will obtain an authorization from you before releasing this information. AUPSC will also need to obtain an authorization before releasing your Clinical Record.

You may revoke all such authorizations (of PHI or Clinical Record) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) AUPSC has 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 and Disclosures with Neither Consent nor Authorization

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

- *Child Abuse* – If a therapist is treating a child and the therapist or the therapist’s supervisor knows or suspects that child to be a victim of child abuse or neglect, the therapist and/or his or her supervisor are required to report the abuse or neglect to a duly constituted authority.
- *Adult and Domestic Abuse* – If a therapist has reasonable cause to believe an adult, who is unable to take care of himself or herself, has been subjected to physical abuse, neglect, exploitation, sexual abuse, or emotional abuse, that therapist and/or his or her supervisor must report this belief to the appropriate authorities.
- *Health Oversight Activities* – If the Alabama Board of Examiners in Psychology is conducting an investigation into AUPSC, then AUPSC is 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 for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and AUPSC 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* – AUPSC may disclose PHI to the appropriate individuals if your therapist or your therapist’s supervisor believes in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another identifiable person(s).
- *Worker’s Compensation* – AUPSC 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.

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 PHI. However, AUPSC 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 being seen at AUPSC. On your request, AUPSC 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 in AUPSC mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. AUPSC may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your therapist or your therapist’s supervisor 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. AUPSC may deny your request. On your request, your therapist or your therapist’s supervisor 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, your therapist or your therapist’s supervisor 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 AUPSC upon request, even if you have agreed to receive the notice electronically.

Psychologist’s Duties:

- AUPSC is required by law to maintain the privacy of protected health information regarding you and to provide you with notice of my legal duties and privacy practices with respect to PHI.
- AUPSC reserves the right to change the privacy policies and practices described in this notice. Unless AUPSC notifies you of such changes, however, AUPSC is required to abide by the terms currently in effect.
- If AUPSC revises my policies and procedures, AUPSC will provide you with a paper copy of the revised policies and procedures and will explain the changes during a scheduled appointment or AUPSC will mail you a copy of the revised policies and procedures along with a letter explaining the changes.

V. Complaints

If you are concerned that AUPSC has violated your privacy rights, or you disagree with a decision AUPSC has made about access to your records, you may contact Dr. Nadia Bhuiyan, the AUPSC Clinic Director, at (334) 844-4889. 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 Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on April 14th, 2003.

AUPSC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that AUPSC maintains. AUPSC will provide you with a revised notice at least one month before the changes go into effect.