

NOTICE OF PRIVACY PRACTICES

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NOTICE OF PRIVACY PRACTICES

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, AND SIGN AND DATE THE ACKNOWLEDGEMENT OF RECEIPT.

Protecting Your Personal and Health Information

I am committed to protecting the privacy of your personal and health information. Applicable Federal and State laws require me to maintain the privacy of my patients' personal and health information. This Notice explains my privacy practices, legal duties, and your rights concerning your personal and health information. In this Notice, your personal or protected health information (PHI) is referred to as "health information". **PHI is defined as (1) information that refers to the past, present, or future physical or mental health condition of a patient, payment for the patient's health care, or providing health care to the patient (2) that identifies the patient or could reasonably be sure to identify the patient and (3) that is transmitted or maintained in any medium.** I will follow the privacy practices described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until replaced.

How I Protect Your Health Information

I protect your health information by:

- Treating all of your health information that I collect as confidential.
- Restricting access to your health information only to those clinical staff who need to know your health information in order to provide our services to you.
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

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

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes, as long as you consent to receive evaluation or treatment services from me. To help clarify these terms, here are some definitions:

- *"Treatment, Payment, and Health Care Operations"*

Treatment is when a clinician provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when I obtain consultation or supervision regarding your treatment from another clinician. All efforts will be made to avoid disclosing PHI but the consulting or supervising clinician would also be required to maintain the privacy of your PHI. *Payment* is when a clinician obtains reimbursement for your healthcare, including collections. *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, case management and care coordination, conducting training and educational programs or accreditation activities.

- *"Use"* applies only to activities such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *"Disclosure"* applies to activities such as releasing, transferring, or providing access to information about you to other parties.

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II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside treatment, payment, or healthcare 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 I am asked for information for purposes outside of treatment, payment or healthcare operations, I will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization (1) to the extent that I 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 with the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- *Abuse* – If I have reason to believe that a minor child, elderly person or disabled person has been abused, abandoned, or neglected, I must report this concern or observations related to these conditions or circumstances to the appropriate authorities.
- *Sexual Exploitation by Mental Health Providers* – If I have reasonable cause to suspect that a patient has been the victim of sex exploitation by a mental health services provider during the course of treatment, I must report the conduct to appropriate authorities. I must protect the patient/victim’s anonymity unless the victim has consented to the disclosure in writing.
- *Health Oversight Activities* – If the Texas Board of Examiners of Psychologists (TSBEP) is investigating a clinician, including myself, that you have filed a formal complaint against, I may be required to disclose protected health information regarding your case.
- *Judicial and Administrative Proceedings as Required* – If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, I may be compelled to provide the information. Although courts have recognized a psychotherapist-patient privilege, there may be circumstances in which a court would order me to disclose personal health or treatment information. I will not release information without your written authorization, or that of your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party (e.g. Law enforcement agency or Social Security) or where the evaluation is court ordered.
- *Serious Threat to Health or Safety* – If you communicate to me an explicit threat of imminent serious physical harm or death, and I believe you may act on the threat, I have a legal duty to take the appropriate measures including disclosing information to the police. If I have reason to believe that you present a serious risk of physical harm or death to yourself or any other person(S), I may need to disclose information in order to protect you or any other person. In both cases, I will only disclose what I believe is the minimum amount of information necessary.
- *Worker’s Compensation* – I may disclose protected health information regarding you 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.
- *National Security*- I may be required to disclose to military authorities the health information of Armed Forces personnel under certain circumstances. I may be required to disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. I may be required to disclose health information to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.
- *Purposes Relating to Death*: If you die, I may be legally required to disclose PHI about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.

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IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Rights to Request Restrictions* – You have the right to request additional restrictions on certain uses and disclosures of protected health information. I may not be able to accept your request, but if I do, I will uphold the restriction unless it is an emergency.
- *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 by me. On your request, I 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 your clinic health records. A reasonable fee may be charged for copying or, if necessary, redacting the record. Access to your records may be limited or denied under certain circumstances, but in most cases you have a right to request a review of that decision. 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 in writing an amendment of your health information for as long as PHI records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial, which will be added to the information of the original request. If your original request is approved, I will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. If your health information is disclosed for any reason other than treatment, payment, or health operations, you have the right to an accounting for each disclosure of the previous six (6) years, but the request cannot include dates before April 14, 2003. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.
- *Electronic vs. Paper Copy* – If you received this notice electronically (e.g., accessing a website), you have the right to obtain a paper copy of the notice from me upon request. I am happy to provide this.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices. I am required to ask that you sign a form acknowledging that you received this privacy notice.

V. Other Restrictions

- I must also conform to Federal regulations (42 CFR, Part 2) regarding the release of alcohol/drug treatment records and confidentiality standards related to such treatment.
- In addition, couples and families seeking conjoint treatment sign a supplemental consent indicating they understand that the record of treatment services provided will not be released without authorization from all adults present. If one individual insists on their right to review and copy the record, the record would have to be redacted because of the Texas Public Information Act which protects the release of information about others when a private record is released to an individual.

VI. Changes to this Notice of Privacy Practices

I reserve the right to change our privacy practices and terms of this Notice at any time, as permitted or required by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of my policies and procedures for all health information that I maintain, including health information I created or received before I made the changes. Before I make such changes, I will update this Notice and post the changes at my office and on my website at www.DrTimLane.com.

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VII. 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, please contact me, Dr. Timothy Lane, 209 Travis Street. Suite 101, Roanoke, TX 76262, dr.timlane@gmail.com, or 940-395-1670.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at the contact information above. I make every effort to ensure confidentiality within the law and ethical codes, and will work with you to resolve problems as best I can. Though rare, when problems occur, they are based upon misunderstandings, so please ask if you have any concerns.

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.

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

VIII. Effective Date

This Notice of Health Information Privacy Practices is effective February 1, 2015.

Per the law, I respectfully ask you to sign and date the following page, and submit it to me for my records, indicating that you have received this Notice of Privacy Practices form. Thank you.

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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

My signature below indicates that I have received and reviewed the Notice of Privacy Practices either in paper or electronic form. I agree that I have and/or will ask Dr. Lane for clarification should any questions arise regarding these privacy practices. I understand the latest privacy practices will be listed on his website and available in paper form in his office, and that he will, if I am a current client, inform me of any changes to the Privacy Practices.

Signature _____ Date _____

A printed and signed copy of this form should be given to Dr. Lane for his records.

The signature of the client on this form does not necessarily indicate agreement to the Privacy Practices and is not a “consent to release information” per se, but rather simply the receipt of Dr. Lane’s Notice of Privacy Practices. The above Privacy Practices are consistent with current law and practice in the field of psychology, especially that known as a HIPAA.

As always, if there is any question or concern of any kind about privacy, confidentiality, or other issues about how PHI (Personal health information) is used, please ask.