

## **Privacy Practices**

### **Notice of 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 Options**

This practice 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 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 health care provider, such as your family physician or another psychologist.
  - *Payment* refers to specific circumstances in which we; (1) obtain reimbursement for services provided (e.g. Medicare) and/or, (2) submit information to your insurer.
  - *Health Care Operations* are activities that relate to the performance and operation of our 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 our practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our practice group such as releasing, transferring, or providing access to information about you to other parties.

#### **II. Uses and Disclosures Requiring Authorization**

This practice may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your authorization is obtained. An “authorization” is written permission above and beyond this general consent that permits specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain a separate authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes we have made about your private, group, joint or family sessions, which we keep separate from your PHI. These notes are given a greater degree of protection than PHI and are considered separate and distinct from your PHI. Also separate from your PHI are testing data, surveys, and checklists.

You may revoke all such authorizations (disclosure of PHI or psychotherapy notes) at any time in writing. You may not revoke an authorization to the extent that (1) we 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 the right to contest the claim under the policy.

### **III. Uses and Disclosures Requiring Neither Consent nor Authorization**

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

- **Child Abuse:** If we have reason to suspect, on the basis of our professional judgment, that a child is or has been abused, we are required to report our suspicions to the authority or government agency vested to conduct child abuse investigations. We are required to make such reports even if we do not see the child in a professional capacity. We are mandated to report suspected child abuse if anyone aged 14 or older reveals that he or she committed child abuse, even if the victim is no longer in danger. We are also mandated to report suspected child abuse if anyone reveals that he or she knows of any child who is currently being abused.
- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we may report such to the local agency, which provides protective services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services we provided you or the records thereof, such information is privileged under state law and we will not release the information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or when the evaluation is court ordered.
- **Serious Threat to Health or Safety:** If you express a serious threat, or intent to kill or seriously injure yourself or an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat, we must take reasonable measures to prevent harm. Reasonable measures may include: notice to relatives, authorities or other health care providers, involuntary hospitalization, or notice to authorities, relatives/associates of the potential victim of the threat or intent.
- **Worker's Compensation:** If you file a worker's compensation claim, we will be required to file periodic reports with your employer which shall include, where pertinent; history, diagnosis, treatment, and prognosis.

### **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 your PHI. However, this right may be subject to certain limitations.
- **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 this office. Upon your request, we will send PHI to another address.)
- **Right to Inspect and Copy**—You have the right to inspect and/or obtain a copy of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. This right may be subject to certain limitations. On your request, we 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. This right may be subject to certain limitations. On your request, we 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 for which you have neither provided consent nor authorization as described in Section III of the notice. On your request, we will discuss with you the details of the accounting process.
- **Right to Paper Copy**—You have the right to obtain a paper copy of this notice upon request.

#### **V. Clinician’s Duties:**

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures during your course of treatment, we will notify you at the next session.

#### **VI. Addendum**

- If there is a breach in your confidentiality, then this practice must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless the practice can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.
- Self-pay patients may restrict the information sent to insurance companies.
- Most uses and disclosures of psychotherapy notes and of Protected Health Information for marketing purposes and the sale of PHI require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases unless it is for purposes outlined in Section II of this Privacy Notice.
- You have a right to receive a copy of your Protected Health Information in an electronic format or (through a written authorization) designate a third party who may receive such information.

#### **VII. Questions and Concerns**

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact us at this practice at (215) 498-5958.

If you believe that your privacy rights have not been properly protected and wish to notify us of your concerns, you may send your written notice to: Bucks Neuropsychological Services, LLC, 638 Newtown-Yardley Road, Suite 1F, Newtown, PA 18940.

You may also send your written notice to the Secretary of the U.S. Department of Health and Human Services. This practice can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. This practice will not retaliate against you for exercising your right to file your concerns.

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

This notice will go into effect on May 1, 2024. This practice reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by mail or prior to your next session.