

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 THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. Protected health information (PHI) includes any identifiable information about your past, present, or future physical or mental health, the health care you receive, and the payment for your health care. Information about care that you received from other providers may also be included in your PHI. This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, the *AMHCA and ACA Code of Ethics* and Massachusetts statutes and regulations. It also describes your rights regarding how you may gain access to and control your PHI. This information is available to any legal guardian whether or not that person has physical custody.

I am required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, REQUIRING CONSENT

I may use or disclose your PHI for treatment, payment and health care operations purposes with your consent as discussed below:

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. An example of treatment would be when I consult with another health care provider, such as a family physician or another mental health provider. I may disclose PHI to any other consultant only with your authorization.

For Payment. I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your consent. Examples of payment-related activities may include disclosure of PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. I may use or disclose, as needed, your PHI in order to support activities that relate to the performance and operations of my practice. Examples of health care operations include quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination. I may share your PHI with third parties that perform various business activities (e.g., assessment companies) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI.

II. USES AND DISCLOSURES REQUIRING AUTHORIZATION

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that I have already made a use or disclosure based upon your authorization. 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 and health care operations, I will obtain an authorization from you before releasing this information.

The following uses and disclosures will be made only with your written authorization:

- most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record. (“*Psychotherapy notes*” are notes I have made about our conversation during a private, joint 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);
- most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications;
- disclosures that constitute a sale of PHI; and
- other uses and disclosures not described in this Notice of Privacy Practices.

III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

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

- **Child Abuse:** If I, in our professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, we must immediately report such condition to the Massachusetts Department of Children and Families.
- **Elder Abuse:** If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, I must immediately make a report to the Massachusetts Department of Elder Affairs.
- **Abused of a Disabled Person:** If I have reasonable cause to suspect abuse of an adult (ages 18-59) with mental or physical disabilities, I must immediately make a report to the Massachusetts Disabled Persons Protection Commission.

▪ **Health Oversight:** The Board of Registration of Allied Mental Health and Human Service Professions has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.

• **Judicial or 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 we will not release information without written authorization from 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:** If you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, I must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. I must also do so if I know you have a history of physical violence and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

• **Worker's Compensation:** If you file a workers' compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Worker's Compensation.

• **Specialized Government Functions.** I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

• **Public Health.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

IV. PATIENT'S RIGHTS AND PSYCHOLOGIST'S OBLIGATIONS

Patient's Rights:

You have the following rights regarding PHI we maintain about you:

• **Right of Access to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions

about you for as long as the PHI is maintained in the record. Your access may be denied in certain circumstances, but in some cases, you may be able to have this decision reviewed. On your request, we will discuss with you the details of the request and denial process. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. On your request, I will provide you with details of the amendment process.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of PHI for which you have neither provided authorization nor consent. On request, I will discuss with you the details of the accounting process.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. (For instance, you may not want a family member to know you are seeing me. Upon your request, I will send your bills to another address.) I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.

- **Breach Notification.** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.

Psychologist's Obligations:

- I am 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.
- I reserve the right to change the privacy practices described in this Notice. Unless I notify you of such changes, however, I am required to comply with the terms currently in effect.
- If I revise my privacy practices, I will post the updated form on my website. You may request that a copy be mailed to you or provided to you at our next session.

V. COMPLAINTS

If you have questions about this notice, disagree with a decision I made about access to your records, or have other concerns regarding your privacy rights, you may contact me directly: Angela Madge, office number (978) 795-4559.

If you believe that your privacy rights have been violated and wish to file a complaint with me or my practice, you may send your written complaint to me at Angela Madge, LEP, 525 Massachusetts Avenue, Suite 101G, Acton MA 01720. You may also send a written complaint to the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

You have specific rights under the Privacy Rule. I will not retaliate against you for filing a complaint.

VI. EFFECTIVE DATE OF PRIVACY PRACTICES

This notice will go into effect on July, 31, 2018.

Signature
(indicating receipt of Notice of Privacy Practices)

Date

Print Your Name

If this form is being filled out by someone who has the legal authority to act for you (such as the parent of a minor child, a court appointed guardian or executor, a custodial parent, or a health care agent), please:

Print the name of the person reviewing this form: _____

Signature of the person reviewing this form: _____

Describe how this person has legal authority for this individual: _____