

Effective: September 23, 2013

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU/YOUR CHILD 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 Healthcare Operations

We may use or disclose your *protected health information (PHI)* for *treatment, payment, and healthcare 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 Healthcare Operations*”
 - *Treatment* is when we provide, coordinate or manage your healthcare and other services related to your healthcare. An example of treatment would be when we consult with another healthcare provider; such as your family physician or another psychologist.
 - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your healthcare or to determine eligibility or coverage.
 - *Healthcare Operations* are activities that relate to the performance and operation of our practice. Examples of healthcare 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, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or healthcare operations when your appropriate authorization is obtained. An “*authorization*” is written permission about and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, or healthcare operations, we will obtain an authorization from you before releasing this information. We will also obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes that have been made about our conversation during a private, group, joint, or family counseling session, which have been 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) 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.

We will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse** – When there is reasonable cause to believe that a child has been subjected to abuse or neglect, or if we observe a child being subjected to conditions which would reasonably result in abuse or neglect, this must be reported to the proper law enforcement agency or to the Nebraska Department of Health & Human Services.
- **Adult and Domestic Abuse** – When there is reasonable cause to believe that a vulnerable adult has been subjected to abuse, or if we observe such an adult being subjected to conditions which would reasonably result in abuse, this must be reported to the appropriate law enforcement agency or to the Nebraska Department of Health & Human Services.
 - “*Vulnerable adult*” shall mean any person eighteen years of age or older who has a substantial mental or functional impairment or for whom a guardian has been appointed under the Nebraska Probate Code.
- **Health Oversight Activities** – For the purpose of any investigation, the Director of Health & Human Services or the Director Regulation and Licensure (the board which licenses us to practice) may subpoena relevant records from us.
- **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 we will not release information without the 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. We will inform you in advance if this is the case.
- **Serious Threat to Health or Safety** – If you communicate to us a serious threat of physical violence against a reasonably identifiable victim or victims, we must communicate such threat to the victim or victims and to as law enforcement agency.
- **Workers’ Compensation** – If you file a workers’ compensation claim, we must, on demand, make available records relevant to that claim to your employer, the insurance carrier, the workers’ compensation court, and to you.

- **Appointment Reminders** – We may use and disclose medical information to contact you as a reminder that you/your child has an appointment for treatment.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state’s confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions, such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

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, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communication by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations. For example: You may not want a family member to know that you are seeing us. On your request, we will send your bills to another address.
- *Right to Inspect and Copy* – You have the right to inspect and obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we 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. We may deny your request. On your request, we 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 this notice). On your request, we 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 us upon request, even if you have agreed to receive the notice electronically.
- *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 our services.

- *Right to be Notified if there is a Breach of Your Unsecured PHI* – You have a right to be notified if: (a) there is a breach (use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist'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, we will post a copy of the current notice in our office. The notice will contain the effective date on the first page. In addition, each time you receive services, we will offer you a copy of the current notice in effect.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision that is made about access to your records, or have other concerns about your privacy rights, you may contact us at 1520 South 70th Street, Suite 200, Lincoln, Nebraska 68506.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to 1520 South 70th Street, Suite 200, Lincoln, Nebraska 68506.

You may also send a written complaint to the Secretary of the U.S. Department of Health & Human Services.

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

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on September 23, 2013.

We reserve 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 posting it in our office and providing you a copy in writing.