

PENNSYLVANIA NOTICE FORM
Family Development Services, P.C.

Notice of Psychologists' 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:

We 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, following are some definitions:

- *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 another health care provider, such as your family physician or another psychologist.
- *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- *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, and case management and care coordination.
- “*USE*” applies only to activities within my office, practice group, etc. Such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*DISCLOSURE*” applies to activities outside of my office, practice group, 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, and health care operations when 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, and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing any psychotherapy note.

You may revoke all such authorizations 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.

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:** If we have reasonable cause, on the basis of my professional judgment, to suspect abuse of children with whom we come into contact in my professional capacity, we are required by law to report this to the Pennsylvania Department of Public Welfare.
- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an older adult is in need of protective services 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 to you or the records thereof, such information is privileged under state law, and we will not release information without written consent. The privilege does not apply when you are being evaluated by 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 express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat; I must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.

- **Workers Compensation:** If you file a workers' 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

- ⑩ **Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of PHI about you. However, we are not required to agree to a restriction you request.
- ⑩ **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.
- ⑩ **Right to Inspect and Copy** - You have the right to inspect or obtain a copy of PHI in my 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 the case reviewed.
- ⑩ **Right to Amend** - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request.
- ⑩ **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.
- ⑩ **Right to a Paper Copy** - You have the right to obtain a paper copy off the notice from us upon request, even if you have agreed to receive the notice electronically.
- ⑩ We are required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- ⑩ 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.
- ⑩ If we revise our policies and procedures, we will provide notice to individuals by mail for those who have received services within the last year.

V. Questions and Complaints

- ⑩ 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 Thomas G Bowers, PhD at 717-901-9280.
- ⑩ If you believe that your privacy rights have been violated and wish to file a complaint with my office you may send your written complaint to Thomas G Bowers, PhD, at 56 Erford Road, Camp Hill, PA 17011
- ⑩ You may also send a written complaint to the Secretary of the US Department of Health and Human Services. The person listed above can provide you with the appropriate address upon receipt.
- ⑩ 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

- ⑩ This notice will go into effect on April 10, 2003.
- ⑩ We will limit the use of disclosures that we will make as follows:
 - i. There may be a reasonable charge for records requests.
 - ii. We reserve the right to change the terms of this notice and to make new provisions effective for all PHI that we maintain.
 - iii. We will provide you with a revised notice by mail at the last known address.