

HIPPA NOTICE OF PRIVACY PRACTICES

Notice of Counselor's Policies and Practices to Protect the Privacy of Your Health Information

Effective 8/11/2006

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.

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

The counselor (Susan Lane) 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 the counselor provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your counselor consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when the counselor obtains reimbursement for your health care. Examples of payment are when the counselor discloses 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 the counselor's 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 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.

Uses and Disclosures Requiring Authorization

The counselor may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An *Authorization* is written permission that permits only specific disclosures above and beyond the general consent. In those instances when your counselor is asked for information for purposes outside of treatment, payment and health care operations, she will obtain an authorization from you before releasing the information. The counselor will also need to obtain an authorization before releasing any psychotherapy notes. *Psychotherapy Notes* are notes your counselor may make about your conversation during a counseling sessions which have been kept separate from the rest of your psychological record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI and psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that the counselor has relied on that information or 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.

Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** In certain circumstances, your counselor is required to report child abuse in a variety of forms, including neglect, to a local law enforcement agency, the office of the Department of Child, Youth and Family Services, or tribal law enforcement or social services agencies.

- **Adult and Domestic Abuse:** If your counselor has reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited, she must immediately report that information to the Department of Child, Youth and Family Services.
- **Health Oversight:** If the NM Counseling and Therapy Practice Board is conducting an investigation, the counselor is required to disclose your mental health records upon receipt of a subpoena from the Board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment in the records thereof, such information is privileged under state law, and the counselor may not release information without 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. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** When your counselor judges that a disclosure of confidential information is necessary to protect against a substantial and imminent risk that you will inflict serious harm on yourself or another person, your counselor has a duty to report this information to the appropriate people who would address such a risk (for example, parents, police or potential victim).

Patient's Rights and Counselor's Duties

- *Right to Request Restrictions*—You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, the counselor is not required to agree to a restriction you request.
- *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, if you do not want a family member to know that you are being seen by a counselor, you may request that bills be sent to another address).
- *Right to Inspect and Copy*—You have the right to inspect or obtain a copy (or both) of PHI in the counselor's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The counselor may deny your access to PHI under certain circumstances.
- *Right to Amend*—You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The counselor may deny your request.
- *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.
- *Right to Paper Copy*—You have the right to obtain a paper copy of the Notice upon request.
- *Counselor's Duties*—The counselor is required by law to maintain the privacy and security of PHI and to provide you with notice of the counselor's legal duties and privacy practices with respect to PHI.

Complaints

If you are concerned that the counselor has violated your privacy rights, or you disagree with a decision the counselor has made about access to your records, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

Changes to Privacy Policy

The counselor reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that the counselor maintains. The counselor will provide you with a revised notice by mail, in the event that changes are made.