

# Terí F. Belmont, Ph.D.

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## Notice of Psychologists' 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 Operations

I 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** 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** 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 practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Authorization

I 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 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. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, 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.

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) I 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.

I 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

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

- **Serious Threat to Health or Safety** – If I believe such disclosure is necessary to protect you or another person from imminent, serious bodily harm by yourself. I may also seek your emergency or involuntary admission to a mental health facility or hospital if I believe that you present a clear and substantial likelihood of serious harm to yourself or another identifiable person without care or treatment (NRS 49.213). I may only disclose such information and to such persons as are consistent with the standards of my profession in addressing such concerns (NAC 641.224, section 3a)
- **Child Abuse** – If I have reasonable cause to believe that a child has been abused or neglected, or has died as a result of abuse or neglect, I must report this and all relevant information, within 24 hours, to an agency which provides child welfare services or a law enforcement agency (NAC 641.224, section 4(b); NRS 432B.220, sections 1 and 6).
- **Adult and Domestic Abuse** – Nevada law defines an "older person" as a person who is 60 years or older. Nevada law defines a "vulnerable person" as a person 18 years of age or older who: (a) suffers from a condition of physical or mental incapacitation because of a developmental disability, organic brain damage or mental illness; or (b) has one or more physical or mental limitations that restrict the ability of the person to perform the normal activities of daily living.

If I have reasonable cause to believe that an older or vulnerable person has been abused, neglected, exploited, isolated, or abandoned, or has died as a result of abuse, neglect, exploitation, isolation or abandonment, I must make a report of this and all relevant information to the local office of the Aging and Disability Services Division of the Department of Health and Human Services or a toll-free telephone service designated this Division; a police department or sheriff’s office; and/or an appropriate medical examiner or coroner within 24 hours after becoming aware of this information (NAC 641.224, section 4(b); NRS 200.5093, sections 1 and 6).

- ***Injury by Firearm or Knife*** – If I have reasonable cause to believe that a person has been injured by means of a firearm or knife, not under accidental circumstances, I must promptly report that person’s name and location (if known) and the character and extent of the injury to an appropriate law enforcement agency (NRS 629.041).
- ***Injury by Burning*** – If I have reasonable cause to believe that you have sustained (a) second or third degree burns to 5 percent or more of your body; (b) burns resulting from the inhalation of heated air; or (c) burns which may result in death, I must report your name, location, and the character and extent of the burns, within three (3) working days, to the appropriate local fire department in Clark County (NRS 629.045).
- ***Judicial or Administrative Proceedings*** – If you are being evaluated for a third party in any court proceeding where your condition is an element of the claim or defense; if the evaluation is court-ordered; for communications relevant to an issue in a proceeding to determine the validity of your will; if a member of the judiciary, or a court magistrate or administrator to whom authority has been lawfully delegated, orders the disclosure; or for communications relevant to any determination made pursuant to NRS 202.360, which pertains to prohibitions on the ownership or possession of firearms by certain persons (NRS 49.213; NAC 641.224).
- ***Health Oversight*** – If I receive a request from the Nevada Board of Psychological Examiners with respect to an investigation or hearing, if your treatment is an element of that investigation or hearing, I must make available any record relevant to such inquiry.
- ***Worker’s Compensation*** – If you file a Worker’s Compensation claim, and if I provide treatment to you relevant to that claim, then I must submit a report on services rendered to your employer’s insurer or a third party administrator.
- ***Research*** – I may disclose health information to researchers where you have authorized such disclosure. I may also disclose health information when: the disclosure is solely for the purpose of designing a study; the disclosure concerns decedents; or the disclosure is approved by an institutional review board (IRB) or properly constituted Privacy Board, if the Board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the HIPAA Privacy Rule (45 CFR § 164.512) and State of Nevada 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 protected health information about you. However, I am 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, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- ***Right to Inspect and Copy*** – You have the right to inspect or obtain a copy (or both) 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. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I 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. I may deny your request. On your request, I 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, I 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 this Notice from me 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 my 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 involving your PHI (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule); (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- **Right to Opt Out of Fundraising Communications** – You have a right to decide that you would not like to be included in fundraising communications that I may send out. However, I currently do not send such communications to my clients.

Psychologist’s Duties:

- I am 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
- I reserve the right to change the privacy policies and practices described in this Notice and to make the new Notice provisions effective for all PHI that I maintain. If I change this Notice, I will make the revised/current Notice available on my website (accessible at <https://www.drteribelmont.com/resources.html>, under the heading "Practice Documents")

V. Complaints

If you are concerned that I have violated your privacy rights or disagree with a decision I made about access to your records, please speak with me directly, and I will make every attempt possible to rectify your concerns. If you are not satisfied with my response to your concerns, you may contact:

Nevada Board of Psychological Examiners  
4600 Kietzke Lane, Building B-116  
Reno, NV 89502  
Phone: (775) 688-1268  
Fax: (775) 688-1060  
Email: [nbop@govmail.state.nv.us](mailto:nbop@govmail.state.nv.us)

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

VI. Record Retention Policy

Nevada law (subsection 7 of NRS 629.051) requires that I notify you that:

- The health care records of a person who is less than 23 years may not be destroyed.
- The health care records of a person who has attained the age of 23 may be destroyed if they have been retained for at least 5 years or a longer period as provided by federal law.
- The health care records of a patient who is 23 years of age or older may be destroyed after 5 years, except as otherwise provided in subsection 7 of NRS 629.051 and unless a longer period is provided by federal law.

VI. Effective Date and Changes to Privacy Policy

This Notice will go into effect on April 14, 2003. This Notice was last revised on August 30, 2021.