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## MASSACHUSETTS NOTICE FORM

### 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

Clinicians at Family and Educational Wellness Center 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 important definitions:

- PHI refers to information in your health records that may identify you (e.g., date of birth)
- Treatment refers to when we provide, coordinate, or manage your health care and other services related to your health care. Examples of treatment include: individual and family sessions; consultation with another health care provider (e.g., child's pediatrician).
- Payment refers to when we obtain reimbursement for your healthcare. Examples of payment are when we use your PHI to your health insurance carrier to determine eligibility of coverage and to obtain reimbursement for your health care.
- Health care operations are activities that relate to the performance and operation of our practice. Examples include: quality assessment and improvement activities, insurance audits or administrative services, and case management and care coordination.
- "Use" of your information applies only to activities in the context of our clinic practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside our clinical practice such as releasing, transferring, or providing access to information about you (or your child) 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 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 we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing any information. We will also need to obtain an authorization before releasing any psychotherapy notes. "Psychotherapy notes" are notes we have made about our conversation during a private, group, joint, or family counseling session, which we keep 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 at any time, provided each revocation is in writing. You may not revoke 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, in our professional capacity, have reasonable cause to believe that a minor child (under the age of 18) 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 the Massachusetts Department of Children and Families. We are mandated reporters, meaning we are obligated by law to report even suspicions of such abuse or neglect.
- *Adult and Domestic Abuse*: If we have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, we must immediately make a report to the Massachusetts Department of Elder Affairs.
- *Health Oversight*: The Board of Registration of Psychologists has the power, when necessary, to subpoena relevant records should we 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 (or your child) communicate to any of our providers that 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 that threat, we must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. We must also do so if we know you have a history of physical violence and we 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 (or your child) present a clear and present danger to yourself and refuse to accept appropriate further treatment, and we have a reasonable basis to believe that you can be committed to a hospital, we 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 worker's 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.

### **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, we are 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 by alternative means and at alternative locations. For example, you may not want a family member to know that you are coming to our practice. Upon your request, we will send your bill to another address.
- *Right to Inspect and Copy:* You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in 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.
- *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 me upon request, even if you have agreed to receive the notice electronically.

**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 provide you with written notice, given to you during our meeting.

**V. Complaints –** If you are concerned that any member of our practice has violated your privacy rights, or if you disagree with a decision a clinician has made about access to your records, you may contact us directly about those concerns. You may also send a written complaint to the Secretary of the US Department of Health and Human Services.

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

Your signature below indicates this notice is currently in effect. Family and Educational Wellness Center reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that the practice maintains. We will provide you with a revised notice by written explanation, should this occur.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If patient is a minor:

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_