



Licensed Psychologist, NH #1257
130 Central Ave., Suite #111
Dover, NH 03820

PRIVACY PRACTICES NOTICE: The following psychologists' policies and practices are designed to protect the privacy of your health information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION.

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

I may use or disclose your Protected Health Information (also known as PHI) for treatment, health care operations and payment.

Treatment refers to my providing, coordinating or managing health care services related to your health care. This would include instances when I consult with another psychologist or your primary care physician.

Health care operations refers to actions that relate to the performance and of my practice. This can include assessment and improvement activities, business-related matters such as audits, as well as case management and coordination of care.

Use means activities within my office including sharing, employing, applying, utilizing and analyzing information that could identify you.

Disclosure refers to actions outside of my office such as releasing, transferring or providing access to information about you to other entities. An example of this would be if I released or disclosed information to other entities.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, health care operations and payment, when you provide the appropriate authorization. An authorization is permission above and beyond general consent that allows for only specific disclosures. When asked for information for purposes outside of treatment, health care operations and payment, I will obtain an authorization from you prior to releasing this information. I will also obtain an authorization from you before releasing your psychotherapy notes. These notes are ones I have made about our conversations during private counseling sessions, and are separate from the rest of your medical record. Psychotherapy notes receive greater protection than PHI. You can revoke all authorizations of psychotherapy notes or PHI, provided you provide each notification in writing. I will comply with this revocation whenever possible and to the extent that I have already relied on that authorization (i.e., I have already disclosed information using your authorization before date of revocation), or 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 am required to retain records of the care I have provided, including authorizations and revocations of authorizations and reasons, thereof.

III. Circumstances under which I may release PHI *without* Consent

Child Abuse: If I have reason to suspect or am informed that a child has been abused or neglected, I am required by law to report this to the Department of Children, Youth and Families (DCYF).

Abuse of Adults: If I have reason to suspect an incapacitated adult or elderly individual is being abused or neglected, I am required to make a good faith report to the authorities or the Department of Health and Human Services.

Harm or Potential Harm to Others: According to New Hampshire law, therapists have a duty to “warn of, or take reasonable precautions to provide protection from a client’s violent behavior when the client has communicated to the mental health professional a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or a serious threat of substantial damage to real property” (RSA 330-A:22). Every reasonable effort will be made to communicate the threat to the victim(s) (or potential victim(s)), the local police department or to “obtain civil commitment of the client to the state mental health system.”

I would also need to release PHI to keep you as safe as possible, if you were planning to harm yourself and I suspected you would not be physically safe from your own actions (i.e., attempting suicide) outside of the counseling session.

Should I need to engage in any of these aforementioned efforts, I am not liable for any legal action for having breached the privacy or confidentiality of our therapeutic relationship, as the efforts were made in good faith.

Health Oversight: If the New Hampshire Board of Psychological Examiners conducts an investigation, I am 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 the court request is made for information about professional services I provided you and/or the records resulting from those services, such information is considered privilege under state law, and I may not release information without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third-party or if I am court-ordered. Should this occur, I will discuss this with you in advance.

IV. Patient's Rights and Psychologist's Responsibilities

You, as a patient, have the right to:

Request Restrictions: You have the right to request that I restrict certain uses and disclosures of PHI about you. I am not required, however, to agree to the restriction.

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 (e.g., sending communications to another phone number other than your home, should others live with you and you wish they not know of your attendance in therapy) and alternative locations (e.g., sending bills to an address different than your home).

Inspect and Copy: You have the right to inspect and/or obtain a copy of PHI in mental health and billing records used to make decisions about you, should you request this. I will likely review the content of the records with you prior to inspection and/or reception of PHI copy.

Amend PHI: You have the right to amend the PHI for as long as the PHI is maintained in the record. I may deny your request, however. Should you wish to, I would be happy to discuss the details of the amendment process with you.

A Paper Copy: You have the right to request and obtain a paper copy of the notice from me upon request.

My duties as psychologist:

I am required to 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 revise privacy policies and practices specified in this notice. However, unless I notify you of such changes, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will post a current copy of this notice in my office and will provide you with a paper copy with the new effective date on request.

COMPLAINTS:

If you believe I have violated your privacy rights, you have the right to file a complaint in writing to the NH Board of Mental Health Practice, 105 Pleasant St., 204C, Concord, NH 03301. **I will not retaliate against you for filing a complaint.**

Your signature below indicates you have read this information and agree to its terms.

Patient's Printed Name

Date

Patient's Signature