



## HIPAA Notice of Privacy Practices

The federal government requires that we make available to you our "Notice of Privacy Practices" so that you have a very detailed accounting of what information we disclose and to whom we disclose it.

We want to reassure you that all written and spoken information related to services provided by us is held in strictest confidence. We do not provide information to any third party without prior written authorization from you to do so except where legal exceptions apply. These legal exceptions involve information regarding suspected child abuse, potential harm to oneself or others, and instances where we receive a court order for information. If you want us to release information to a third party (e.g., an attorney, insurance company to obtain reimbursement, etc.) we need your written request to do so.

Regarding information released to insurance and managed care companies: If you indicate to us that you expect all or some of your charges to be covered by a third party, we will obtain from you written permission to release to the third party the minimum amount of information necessary to obtain reimbursement. Most insurance and managed care companies require your name, address, social security number, the "insured's" name, address and social security number, dates of service, types of service and diagnosis code. Some managed care companies (including Value Options) require treatment plans and updates on your progress in therapy. Please discuss with your therapist any concerns you may have about this information.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **A. Introduction - To our clients**

This notice will tell you how we handle information about you. It tells how we use this information, how we share it with other professionals and organizations, and how you can see it. We want you to know this so you can make the best decisions for yourself and your family. We are also required to tell you about these issues because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law and the laws of this state are very complicated and we don't want to make you read a lot that may not apply to you, we have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask Dr. Abboud for more explanation or details.

**B. What we mean by your medical information:** Each time you visit us or any doctor's office, hospital, clinic, or any other "healthcare provider," information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the treatment or other services you received from us or from others, or about payment for healthcare. The information we collect from you is called in the law, PHI, which stands for Protected Health Information. This information goes into your medical or healthcare record on file at our office.

In this office, PHI is likely to include these kinds of information:

- Your history: As a child, in school and at work, and marital and personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, needs, goals.
- Diagnoses: Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan: Details treatment and other services which we think will best help you.
- Progress notes: Each time you come in we write down some things about how you are doing, what we observe about you, and what you tell us.
- Records we get from others who evaluated or treated you.
- Psychological test scores, school records, etc.
- Information about medications you have or are taking.
- Legal matters.
- Billing and insurance information.

This list is just to give you an idea; there may be other kinds of information that go into your healthcare record in our office.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show that you actually received the services from us which we billed to you or to your health insurance company.
- For teaching and training other healthcare professionals. (without any identifying information)
- For medical or psychological research. (with your written, informed consent)
- For public health officials trying to improve health care in this country. (without any identifying information)
- To improve our treatment by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. Your therapist may need to be present to answer any questions or concerns you may have. If you want a copy we can usually make one for you but may charge you for the costs of copying (and mailing if you want it mailed to you). In some situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect, or something important is missing, you can ask us to amend (add information to) your record, although in some rare situations we do not have to agree to do that. Dr. Abboud can explain more about this if you have any additional questions or concerns.

**C. Privacy and the laws:** The HIPAA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices, which is called the Notice of Privacy Practices or NPP. We will obey the rules of this notice as long as it is in effect, but if we change it, the rules of the new NPP will apply to all of the PHI we keep. If we change the NPP we will post the new Notice in our office where everyone can see. You or anyone else can get a copy at any time.

**D. How your protected health information can be used and shared:** When your information is read by your therapist, in this office, that is called, in the law, "use". If the information is shared with or sent to others outside this office, that is called, in the law, "disclosure." Except in some special circumstances, when we use your PHI here or disclose it to others, we share only the minimum necessary PHI needed for the purpose. The law gives you the right to know about your PHI, how it is used, and to have a say in how it is disclosed.

We use and disclose PHI for several reasons. Mainly, we will use and disclose (share) it for routine purposes and we will explain more about these below. For most uses we must tell you about them and have a written Authorization Form signed by you, unless the law requires us to make the use or disclosure without your authorization.

**1. Uses and disclosure of PHI in healthcare with your consent:** After you have read this Notice you will be asked to sign a separate Consent Form to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called health care operations. Together these routine purposes are called TPO and the Consent Form allows us to use and disclose your PHI for TPO. However, even with your signature on the Consent Form, we only disclose your PHI with your informed written consent except where the law requires us to disclose information.

**1a. For treatment, payment, or health care operations:**

We need information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it as necessary to care for you properly. Federal regulations require that you sign the Consent Form before we begin to treat you, except in emergency situations.

When you come to see us, several people in our office may collect demographic and insurance information about you and all of it may go into your healthcare records here. Your therapist will collect clinical information. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations. For treatment. We use medical information to provide you with psychological treatment or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the effects of our services.

We may share or disclose your PHI with your prior written consent to others who provide treatment to you. We are likely to ask to share your information with your personal physician. If you are being treated by a team at EYPA, we can share some of your PHI with them so that the services you receive will be coordinated. They will also enter their findings, the actions they took, and their plans into your record so we all can decide what treatments work best for you and make up a Treatment Plan. We may refer you to other professionals for services we cannot offer, such as special testing or treatments. When we do this we need to tell them some things about you and your conditions with your written consent. We will get their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals we can also share your PHI with them with your written consent. These are some examples so that you can see how we use and disclose your PHI for treatment.

**For payment:** We may use your information to bill you, your insurance, or others to be paid for the treatment we provide to you. We always give the minimum amount of information required to obtain payment. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatment you have received, and what we expect as we treat you. We also may need to tell them about when we met, your progress, provider treatment plan, and other similar things.

**For health care operations:** There are some other ways we may use or disclose your PHI which are called health care operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies without identifying information so they can study disorders and treatment and make plans for services that are needed. If we do, your name and identity will be removed from what we send.

**1b. Other uses in healthcare:**

**Appointment Reminders.** We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, we will do so at your request.

**Treatment Alternatives:** We may use (or disclose with your written consent) your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.

**Other Benefits and Services:** We may use ((or disclose with your written consent) your PHI to tell you about health-related benefits or services that may be of interest to you.

**Research:** We may use or share your information to do research and improve treatments. For example, we may compare two treatments for the same disorder to see which works better or faster or costs less. In all cases your name, address and other information that reveals who you are, will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you and you will have to sign a special Authorization Form before any information is shared.

**Business Associates:** There are some jobs we hire other businesses to do for us. They are called our Business Associates in the law. For example, we use an electronic service to send secure, encrypted information over the internet to many insurance companies. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

**2. Uses and disclosures requiring your Authorization:**

If we want to use your information for any purpose besides the TPO or those we described above, we need your permission on an Authorization Form. We don't expect to need this very often.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time, we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

**3. Uses and disclosures of PHI from mental health records NOT requiring Consent or Authorization:**

The laws requires us to use and disclose some of your PHI without your consent or authorization in some cases. When required by law. There are some federal, state, or local laws which require us to disclose PHI.

- We have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and we receive a court order, we may have to release some of your PHI. We will only do so after trying to tell you about the

request, consulting your lawyer, or trying to get a court order to protect the information they requested.

- We have to release (disclose) some information to government agencies which check on us to see that we are obeying the privacy laws.

**For Law Enforcement Purposes:** We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal without identifying information.

**For public health activities:** We might disclose some of your PHI to agencies which investigate diseases or injuries.

**Relating to decedents:** We might disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

**For specific government functions:** We may disclose PHI of military personnel and veterans to governmental benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

**To Prevent a Serious Threat to Health or Safety:** If we come to believe that there is a serious threat to your health or safety or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

#### **4. Uses and disclosures requiring you to have an opportunity to object:**

We can share information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you about who you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency - so we cannot ask if you disagree-we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you do not approve we will stop, providing that we are not violating the law.

#### **5. An accounting of disclosures:**

When we disclose your PHI we keep records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

#### **E. If you have questions or problems**

If you need more information or have questions about the privacy practices described above, please speak to Dr. Sabra Abboud at (717) 885-0503. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, feel free to discuss the issue with Dr. Abboud and every effort will be made to respect your privacy. You have the right to file a written complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

The effective date of this notice is April 14, 2003