

# **PRIVACY NOTICE FORM**

(rev 4/14/03)

THIS NOTICE DESCRIBES HOW MENTAL HEALTH 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**

This agency 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 staff of this agency provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when staff consult with another health care provider, such as your family physician or another mental health provider.
  - *Payment* is when this agency obtains reimbursement for your healthcare. Examples of payment are when staff 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 this 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 this agency such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of this agency, such as releasing, transferring, or providing access to information about you to other parties.

## **II. Uses and Disclosures Requiring Authorization**

Agency staff 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 agency staff are asked for information for purposes outside of treatment, payment and health care operations, agency staff will obtain an authorization from you before releasing this information. Agency staff will also need to obtain an authorization before releasing your psychotherapy notes.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) agency staff 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**

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

- **Child Abuse:** If, in the staff's professional capacity, staff know or suspect that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, staff are required by law to immediately report that knowledge or suspicion to the Ohio Public Children Services Agency, or a municipal or county peace officer.
- **Elder Abuse:** If agency staff have reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, staff are required by law to immediately report such belief to the County Department of Job and Family Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and agency staff will not release this information without written authorization from you or your persona 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:** If agency staff believe that you pose a clear and substantial risk of imminent serious harm to yourself or another person, agency staff may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to agency staff an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and agency staff believe you have the intent and ability to carry out the threat, then agency staff are required by law to take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).
- **Worker's Compensation:** If you file a worker's compensation claim, agency staff may be required to give your mental health information to relevant parties and officials.

#### **IV. Patient's Rights and Provider'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, agency staff 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 of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, agency staff 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 and psychotherapy notes in agency mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Agency staff may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, agency staff will discuss with you the details of the request process. It may take several days to arrange for the inspection of your records and/or to copy your records. A fee may be associated with the copying of your records.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Agency staff may deny your request. On your request, agency staff 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, agency staff 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 this agency upon request, even if you have agreed to receive the notice electronically.

##### **Mental Health Provider's Duties:**

- Agency staff 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.

- Agency staff reserve the right to change the privacy policies and practices described in this notice. Unless agency staff notify you of such changes, however, agency staff are required to abide by the terms currently in effect.
- If agency staff revise these policies and procedures, the new policies and procedures will be posted on the agency web site: [www.mopsohio.com](http://www.mopsohio.com)

## **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision agency staff make about access to your records, or have other concerns about your privacy rights, you may contact the client's rights officer listed in the "Client Guidelines" form.

If you believe that your privacy rights have been violated and wish to file a complaint with this agency, you may send your written complaint to:

Client Right's Officer  
Mid-Ohio Psychological Services  
624 East Main Street  
Lancaster, Ohio 43130

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. Agency staff will not retaliate against you for exercising your right to file a complaint.

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

This notice will go into effect on April 14, 2003.

This agency reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. Agency staff will provide you with a revised notice by posting these changes to the agency web site.

**Privacy Notice Acknowledgement:**

I acknowledge that I have been given a copy of the “Privacy Notice” (rev. 4/14/03) and understand these rights and responsibilities. I understand that if I have any questions about these issues that I can discuss them with my clinician or the agency’s Client Right’s Officer.

\_\_\_\_\_  
Client Signature

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

\_\_\_\_\_  
Clinician Signature

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