

NOTICE FORM

This document describes my policies and procedures regarding how your Protected Health Information (PHI), -information in your health record that could identify you may be used and disclosed and how you can get access to this information. It is being provided to you as mandated by HIPPA regulations.

I may use or disclose your PHI for treatment, payment, and health care operations with your consent.

- **Treatment** means the provision, coordination, or management of your healthcare. An example of this would be when I consult with another healthcare provider such as your primary care physician.
- **Payment** means reimbursement by your insurance company. It is likely that your insurance company will need some information about your case in order to reimburse you for therapy.
- **Healthcare operations** are activities that relate to the performance and operation of my practice such as audits, administrative services and care coordination.
- **“Use”** applies to sharing PHI within my office
- **“Disclosure”** applies to sharing PHI outside of my office such as releasing, transferring, or providing access to your PHI to other parties.
- *By signing the consent form included in this packet, you have given me permission to share your PHI for treatment, payment, and healthcare operations.*

Uses and Disclosures Requiring Authorization. When I am asked for information for any purpose other than treatment, payment and healthcare operations, I will obtain a written authorization from you before releasing this information. You should also know that I will not release your therapy notes without your written permission. These notes are given greater protection than your PHI. You may choose to submit a written revocation of all authorizations at any time. However, you may not revoke authorization if I have relied on that authorization or if the authorization was obtained as a condition of insurance reimbursement.

Uses and Disclosures without Consent or Authorization. Here are the conditions wherein I may disclose your PHI without your permission.

- **Suspicion of Child, Adult, or Domestic Abuse:** If I have reason to believe that a child or vulnerable adult has been abused, abandoned, neglected, or financially exploited, I am required to report this to the appropriate agency. Also, if I have reason to suspect that a sexual or physical assault has occurred, I must immediately report this to the appropriate law enforcement agency and to the Department of Social and Health Services.
- **Serious Threat to Health or Safety:** If I have reason to believe that you intend to harm yourself or an identifiable person or group of people, I must notify the agencies and authorities to keep safe either you and the community safe.
- **Judicial or Administrative Proceedings:** The information you share with me is considered privileged, and therefore protected by law. If you are involved in a legal proceeding wherein a subpoena for your records is made, you have 14 days to contest this subpoena. If you do not contest the subpoena, I must comply with it. Please note that privilege does not apply if I am required by the court or a third party to evaluate you.
- **Worker’s Compensation:** I must make available to the Louisiana Department of Labor any information pertinent to a worker’s compensation claim.
- **Health Oversight:** If a complain is filed against me with the Louisiana Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information from me relevant to that complaint.

Patient Rights. Here is a description of your rights with regard to your treatment record.

- **Right to Request Restrictions:** You have the right to request that certain parts of your PHI not be shared. However, I have the right to refuse this request.
- **Right to Receive Communications by Alternative Means at Alternative Locations:** This means that you have the right to specify where and when you receive

communications from me. For example, if you do not wish your family to know that you are in treatment, you can request that all written and telephone communication take place somewhere other than your home.

- **Right to Inspect and Copy:** You have the right to inspect and copy at your expense your record. I may under certain circumstances deny you access to your records. In some cases, you may appeal this denial. If you have further questions about this, please ask me.
- **Right to Amend:** You have the right to request that your record be amended, as long as your PHI remains in the record. Depending on the circumstances, I may deny this request. Again, if you have any questions about this, please ask me.
- **Right to An Accounting:** You have the right to receive written documentation of all events wherein I have disclosed your PHI without your consent or authorization. I reserve the right to withhold documentation of disclosure if I feel that this documentation could be harmful to you, me, or a community member.
- **Right to a Paper Copy:** You have the right to a paper copy of this notice.

Psychologist's Duties.

- I am required by law to maintain the privacy of your PHI and to provide you with notice of my legal duties and privacy practices with respect to your PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of any changes, I am required to abide by the terms currently in effect.
- If you are currently in treatment with me when this notice is revised, I will supply you with a written copy of amended notice.

Complaints. If you are concerned that I have violated your privacy rights or you disagree with a decision I have made about access to your records, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

Effective Date. This notice will go into effect on the date of your first session with me. This date should coincide with the date on the consent form.