

## NOTICE OF MINDSIGHTS POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU OR ABOUT YOUR CHILD MAY BE USED AND DISCLOSED, AND ABOUT HOW YOU CAN GET ACCESS TO THIS INFORMATION.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations. MindSights PC may use or disclose your *Protected Health Information (PHI)*, for *treatment, payment, and health care operations*, with your consent. To help clarify these terms, here are some definitions:

- *Protected Health Information* or PHI refers to information in the psychological record that could identify you or your child.
- *Treatment* is when we provide, coordinate or manage mental health diagnosis, assessment, treatment, and/or other services related to your or your child's mental health care. An example of disclosing PHI in treatment would be when we consult with another health care provider, such as a family physician or another psychologist.
- *Payment* is when we obtain reimbursement for your healthcare. Examples of times when PHI may be disclosed for this reason are when we communicate with a health insurer to help you obtain reimbursement for psychological services or verify eligibility/coverage.
- *Health Care Operations* are activities that relate to the performance and operation of our 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 of PHI* refers only to activities within our practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *Disclosure* of PHI refers to activities involving people outside of our practice, such as releasing information to third parties, transferring records, or providing other people with access to information about you or about your child.

II. Uses and Disclosures Requiring Authorization. We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your *authorization* is obtained. *Authorization* involves 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 a written authorization from you before releasing this information. We will also need to obtain an authorization before releasing any *psychotherapy notes*. Psychotherapy notes are notes we have made about conversation during a private, group, joint, or family therapy session, and which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. We will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

Even if you do authorize us to use or disclose information beyond that needed for treatment, payment, and health-care operations, you may revoke such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have already relied on that authorization to release information; or (2) 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 of PHI with neither Consent nor Authorization. We may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse:* If we receive direct information that a child has been abused, we may be obligated to report this abuse. We must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such issues. If there is a child abuse investigation, we may be compelled to turn over relevant records.

- *Adult and Domestic Abuse:* If there is an elder abuse or domestic violence investigation, we may be compelled to turn over relevant records.
- *Health Oversight:* The Oregon State Board of Psychologist Examiners may subpoena relevant records from us should we be the subject of a complaint.
- *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. Therefore, we must not release your information without written authorization by you (or your personal or legally-appointed representative), or a court order. This 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:* We may disclose confidential information when we judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. We must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

#### Patient's Rights and Psychologists' 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 of PHI by alternative means and at alternative locations. (For example, some clients may not want a family member to know that they are seeing us. Upon request, we will send 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 our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. There may be circumstances under which we may deny your access to PHI, 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. On your request, we 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, 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 this notice from us upon request, even if you have agreed to receive the notice electronically.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.* You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI.* You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

MindSights PC's Psychologists' 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.
- If we revise our policies and procedures, we will provide you with a copy by mail or in session.

V. Complaints. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the Oregon Board of Psychologist Examiners in Salem at 1-503-378-4154.

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

VI. Effective Date, Restrictions and Changes to Privacy Policy. This notice is in effect as of July 12, 2018. We reserve the right to change the privacy policies and practices described in this notice and to make the new notice provisions effective for all PHI that we maintain. The most current policy statement can be obtained on our website: [www.mindsightspdx.com](http://www.mindsightspdx.com).