

04/07/2003

VERMONT NOTICE FORM

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL 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

We 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 we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
 - Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we 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 my 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 my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We 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 specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain written authorization from you before releasing this information.

We will also need to obtain written authorization before releasing your **psychotherapy notes**. "*Psychotherapy notes*" are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. Psychotherapy notes **do not include** medication prescription and monitoring, counseling session start and stop times, modalities and frequencies of treatment, the results of clinical tests, any summary of a diagnosis, functional status, treatment plans, symptoms, prognosis, or progress.

All requests for release of information should be directed to Synchroaia, LLC or their representative for processing, we will respond to all requests without unreasonable delay.

You may revoke all such authorizations--of PHI or psychotherapy notes--at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) We 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.

Reasons for Denied or Delayed Release of Clinical Records

- When the client's provider determines that releasing the information poses a threat of serious harm or threat to the life of the client or another person;
- After reasonable attempts, we are unable to reach the client due to an incomplete authorization or to verify a third-party request;
- If the request requires the requestor to pay a cost-based fee and no payment information is provided; NOTE: We will not charge fees that are prohibited by the HIPAA Privacy Rule or state law or based on electronic access that requires no manual effort to fulfill;
- If the request is for electronic health information (EHI) and one of the exceptions to the Information Blocking Rules applies (see Requests for Electronic PHI below);
- Notes taken in preparation for potential litigation or legal action; and
- Without express authorization or as determined by your provider, psychotherapy notes may be excluded from a request.

III. Requests for Electronic PHI

We believe that we are better able to treat clients when they are actively engaged in their care. To be engaged, they must have timely access to their health information. Electronic Health Information (EHI) typically includes electronic medical records and billing records used, in whole or in part, by providers to make decisions about client care.

We will respond to EHI requests without unreasonable delay. Every effort will be made to respond to an EHI request in the manner requested but we may need to discuss alternatives if we are technically unable to provide EHI as requested.

We may deny or limit access to EHI under the following circumstances:

- To prevent harm to the life or physical safety of a patient or another person;

- To protect an individual's privacy;
- To protect the security of EHI;
- If it is infeasible* to fulfill a request for EHI due to uncontrollable events or data that cannot be separated; or
- If the electronic health record is unavailable due to routine maintenance or in response to an emergency.

*If responding to a request for EHI is infeasible, we will notify the requestor within ten (10) business days of the request with a written explanation.

IV. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization as required by law in the following circumstances:

- **Child Abuse:** If we have reasonable cause to believe that a child has been abused or neglected, we are required by law to report such information within 24 hours to the Commissioner of Social and Rehabilitation Services or its designee.
- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an elderly or disabled adult has been abused, neglected, or exploited, we are required by law to report this information to the Commissioner of Aging and Disabilities.
- **Health Oversight:** If we receive a subpoena for records from the Vermont Board of Psychological Examiners in relation to a disciplinary action, we must submit such records to the Board.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law, and we must not release this information without written authorization from you or your 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. We will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If we know that you pose a serious risk of danger to an identifiable victim, We are required by law to exercise reasonable care to protect such victim. This may include disclosing your relevant confidential information to those people necessary to address the problem. Also, we may disclose your confidential information if we judge disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person.

V. Patient's Rights and Psychologist'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, 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, you may not want a family member to know that you are seeing me. Upon your request, we 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 in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, we will discuss with you the details of the request 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. We may deny your request. 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** regarding you. 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 the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- We are required 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**.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the **terms** currently in effect.
- If we revise these policies and procedures, we will discuss this with you.

VI. 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 proprietor of Synchroaia LLC or the Office of Professional Regulation at (802) 828-2367.

You may also send a complaint to the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights:

Online: www.hhs.gov/ocr/privacy/hipaa/complaints

By Phone: (877) 696-6775

By Mail: U.S. Department of Health and Human Services Office for Civil Rights,
200 Independence Avenue, S.W., Washington, D.C. 20201

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 13, 2003

We will limit the uses or disclosures that we will make as follows: Disclosure of minimum information necessary to effect business with your insurance carrier.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. If the terms of this notice are changed, we will provide you with a revised notice in writing.