

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

THIS NOTICE IS A SUMMARY OF THE INDIANA NOTICE FORM (THE ENTIRE NOTICE IS AVAILABLE UPON REQUEST) AND DESCRIBES HOW PSYCHOLOGICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THE FOLLOWING DEFINES PROCEDURES APPLYING TO ALL CLINICAL AND ADMINISTRATIVE STAFF AT PSYCHOLOGICAL SERVICE ASSOCIATES, INC.

### **I. Uses and disclosures for Treatment, Payment, and Health Care Operations**

This office may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *written authorization*. 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.
  - *Payment* is when we obtain reimbursement for your healthcare.
  - *Health Care Operations* are activities that relate to the performance and operation of our practice.
- “*Use*” applies only to activities within our practice group.
- “*Disclosure*” applies to activities outside of our practice group.
- “*Authorization*” is your written permission to disclose confidential mental health information.

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

This office may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. We also will need to obtain a specific authorization before releasing your Psychotherapy Notes if such notes are maintained. Psychotherapy notes are given a greater degree of protection than PHI.

You may revoke all such authorization (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

This office may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse*
- *Adult and Domestic Abuse*
- *Health Oversight Activities*
- *Judicial and Administrative Proceedings* (when evaluated as a third party or if Court ordered)
- *Serious Threat to Health or Safety*
- *Worker’s Compensation*

### **IV. Patient’s Rights and Provider’s Duties**

#### **Patient’s Rights:**

- *Right to Request Restrictions*
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*
- *Right to Inspect and Copy*
- *Right to Amend*
- *Right to an Accounting*
- *Right to a Paper Copy*

#### **Provider’s Duties:**

- This office is required by law to maintain the privacy of PHI.
- If policies and procedures are revised, you will be notified.

### **V. Complaints**

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

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

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