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HIPPA Notice

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Notice of Psychologist's 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.

Here are some definitions of terms that will be helpful in understanding this Notice:

- “*PHI*” refers to information in your health record that could identify you, *protected health information*.
- “*Treatment, Payment and Health Care Operations*”
 - * *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist
 - * *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I 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 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*” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside my office, such as releasing, transferring, or providing access to information about you to other parties.

I. Uses for Treatment, Payment, and Health Care Operations

We may use your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your consent. The “consent” is given when you sign the Acknowledgement and Release of Information Form.

II. Disclosures Requiring Authorization

I may use or disclose PHI for the purpose of treatment, payment, or health care operations with your Authorization. We may also disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission for specific disclosures, above and beyond general “consent.” In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an 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 greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke any authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- *Child Abuse* – If I know or suspect that a child or adolescent, under the age of 18, is a victim of child abuse or neglect, I am required to report the abuse or neglect to a duly constituted authority, usually the Alabama Department of Human Resources. Once such a report is filed, we may be required to provide additional information.
- *Adult and Domestic Abuse* – If I have reasonable cause to believe an adult, who is unable to take care of himself or herself, has been subjected to physical abuse, neglect, exploitation, sexual abuse, or emotional abuse, I must report this belief to the appropriate authorities, usually the Alabama Department of Human Resources. Once such a report is filed, we may be required to provide additional information.
- *Health Oversight Activities* – If the Alabama Board of Examiners in Psychology is conducting an investigation into my practice, then I am required to disclose PHI upon receipt of a subpoena from the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records therefore, such information is privileged under state law, and I will not release information without the written authorization from you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated by a third party or when the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – I may disclose PHI to the appropriate individuals if I believe in good faith that this disclosure was necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another identifiable person(s).
- *Workers Compensation* – I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or to other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Psychologist's Duties

Patient Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI. However, I am 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 you are seeing me. On your request, I 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 your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may inspect and copy Psychotherapy Notes unless I make a clinical determination that access would be detrimental to your health. On your request, I will discuss with you the detail 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. I may deny your request. On your request, I 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. On your request, I 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.

All requests for restrictions, communications information, inspection, accounting, amending, and copying will be done in writing.

Psychologist's Duties:

- I am required by law to maintain the privacy of protected health information regarding you and to provide you with notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

V. Complaints

If you are concerned I have violated your privacy rights, or you disagree with a decision I make about access to your records, please talk to me, as I serve as the Privacy officer for my own patients. You may also contact the Alabama Board of Examiners in Psychology, 660 Adams Avenue, Suite 360, Montgomery, Alabama 36104; telephone (334) 242-4127.

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

VI. Effective Date, Restrictions, and Changes to Private Policy

This notice became effective on September 1, 2015. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by sending you a paper copy upon your written request (you may request in writing that notices be sent by mail at any time during the course of therapy, and all subsequent notices will be sent to you).

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