

# Associates in Health Psychology, LLC

## Notice of Privacy Policies & Practices

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**Your Information. Your Rights. Our Responsibilities.** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

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### I. Uses and Disclosures for Treatment, Payment, and Healthcare Operations

We may use and disclose your protected health information (PHI) for treatment, payment, and healthcare operations with your consent. To help clarify these terms, here are some definitions.

- A. **“PHI”** refers to information in your health record that could identify you.
- B. **“Treatment, Payment and Health Care Operations”**
  - **Treatment** is providing, coordinating or managing your health care and other services related to your health care. For example, we may use PHI to provide counseling to you. Or, we may disclose your PHI to other health care providers involved in your treatment, such as your family physician or another psychologist.
  - **Payment** is obtaining reimbursement for your healthcare. For example, we will 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.
- C. **“Use”** applies only to activities within Associates in Health Psychology such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- D. **“Disclosure”** applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Your Authorization

AHP may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An **“authorization”** is written permission above and beyond the general consent that permits only specific disclosures.

- A. **Psychotherapy Notes:** Notes recorded by your therapist documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by your therapist and will not otherwise be used or disclosed without your written authorization. Psychotherapy Notes are given a greater degree of protection than PHI.
- B. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I. above will only be made with your authorization. For example, you will need to sign an authorization form before AHP can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

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; the law provides the insurer the right to contest the claim under the policy.

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

Your therapist may use or disclose PHI without your consent or authorization when required or permitted to do so by law. The most common such disclosures are listed below.

- A. **Child Abuse:** If a therapist knows or in good faith suspects child abuse or neglect, the therapist is required to report such knowledge or suspicion to the appropriate authority.
- B. **Adult and Domestic Abuse:** If a therapist has reasonable cause to believe that an adult person is infirm or incapacitated and in need of protective services, the therapist must report such information to the Delaware Department of Health and Social Services.
- C. **Health Oversight Activities:** If the Division of Professional Regulation is investigating our practice, we must comply with any subpoenas issued by the Division.
- D. **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 thereof, such information is privileged under state law, and AHP will not release information without the written authorization of you or your legally appointed representative or

a court order. The 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.

**E. Serious Threat to Health or Safety:** If you communicate to your therapist an explicit and imminent threat to kill or seriously injure a clearly identified victim or victims, or to commit a specific violent act or to destroy property under circumstances which could easily lead to serious personal injury or death, and you have an apparent intent and ability to carry out the threat, the therapist may disclose information in order to provide protection for the identified victim. If your therapist believes that there is an imminent risk that you will inflict serious physical harm on yourself, the therapist may disclose information in order to protect you.

**F. Privacy Rule Exceptions:** 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.

#### **IV. Your Rights**

**A. 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 AHP services.

**B. Right to Request Other Restrictions:** You have the right to request other restrictions on certain uses and disclosures of protected health information. However, AHP is not required to agree to your request.

**C. 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 a therapist.) On your request, we will send your bills to another address.

**D. Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in the AHP mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. AHP may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you. On your request, the AHP Privacy Officer will discuss with you the details of the request and denial process.

**E. Right to Request Amendment:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request must be in writing, and it must explain why the information should be amended. AHP may deny your request under certain circumstances.

**F. Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for purposes other than treatment, payment or health care operations, excluding disclosures made to you or disclosures otherwise authorized by you. On your request, the AHP Privacy Officer will discuss with you the details of the accounting process.

**G. 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.

**H. Right to a Paper Copy:** You have the right to obtain a paper copy of the AHP Privacy Notice upon request to your therapist or the office staff at any time.

**I. Questions and Complaints:** You may contact the **AHP Privacy Officer** at Associates in Health Psychology, LLC; 1521 Concord Pike, Suite 103, Wilmington, DE 19803 with questions or complaints. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. AHP will not retaliate against you if you file a complaint.

#### **V. Effective Date and Changes to this Notice**

**A. Effective Date:** The original version was effective on April 14, 2003. This Notice was revised February 8, 2010, and revised again under the "Final Rule" effective September 23, 2013.

**B. Changes to this Notice:** AHP may change the terms of this Notice and the changes will apply retroactively to all PHI we maintain. The revised notice will be available upon request, in our office and on our web site.

# ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES & PRACTICES

By my signature below I, \_\_\_\_\_, acknowledge that I received a copy of the Notice of Privacy Policies & Practices for Associates in Health Psychology, LLC.

\_\_\_\_\_  
Signature of client (or personal representative)

\_\_\_\_\_  
Date

**If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:**

Personal Representative's Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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### For Office Use Only

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I attempted to obtain written acknowledgment of receipt of our Notice of Privacy Policies & Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

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***This form will be retained in your medical record.***