

Privacy Notice

The following notice describes how medical information about you and your minor child (*if applicable*) may be used and disclosed and how you may get access to this information. Please review it carefully.

I. My Pledge Regarding Medical Information

The privacy of your medical information is important to me. I understand that your medical information is personal and I am committed to protecting it. Your health information includes what you have told me, my observations and treatments, and payment or billing information. I create a record of the care and services you and your minor child (*if applicable*) receive from me. I need this record for treatment and to comply with certain legal requirements. The information provided below describes the ways in which I may use and share medical information about you and your minor child (*if applicable*). Also described below are my legal duties regarding the use and disclosure of medical information, as well as your rights regarding such information.

II. My Legal Duty

The law requires me to keep your medical information private, to give you this notice describing my legal duties, privacy practices, and your rights regarding your medical information, and to follow the terms of the notice that is now in effect. I have the right to change my privacy practices outlined in the terms of this notice at any time, provided that the law permits the change(s). I also have the right to make the change(s) effective for all medical information that I keep, including information previously created or received before the change(s). Before I make an important change in my privacy practices, I will change this notice and make the new notice available upon request.

III. What I will share and disclose

In general, the privacy of all communications between a client and a clinical psychologist is protected by law, and I can only release your information to others with your written permission. There are exceptions, however, and these exceptions are:

- A. For medical treatment. In an urgent situation, I may share your information with other doctors or hospitals. For example, if an emergency room contacted me, I may confirm the type of problem for which you are being treated.
- B. For payment. I may share a limited amount of information about you with your insurance company. For example, I may share information to receive authorization to treat you. I may also share information about the services I provided with your insurance company so that I can be paid for those services. This may include information regarding your or your minor child's (*if applicable*) diagnosis, prognosis, and/or course of treatment.
- C. For health care operations. I may use your information to maintain the quality of services I provide. Representatives of certain health plans may come to the office from time to time to inspect records and ensure that my practices meet their quality standards; they are not permitted to take client information with them.

- D. As required by law. There are some situations in which I am legally required to take action to protect others from harm, even if I have to disclose information about a client's
- E. As required by legal process. If I receive a valid court order or subpoena, I will make every effort to inform you so that you may take legal action in order to protect your or your child's (*if applicable*) confidentiality. However, if you do not respond in a timely manner, I may have to furnish the information requested. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, however, a judge may order my testimony. I may also be legally required to share information with a medical examiner.
- F. To avoid harm. If I believe that you or your minor child (*if applicable*) is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for you and/or your minor child (*if applicable*). If you or your minor child (*if applicable*) threatens to harm your or him/herself, I may be required to seek hospitalization for you or him/her, and/or to contact family members or others who can help provide protection.
- G. Unintentional disclosures of information may occur when I call you with an appointment reminder, or send an invoice to your residence. If you are concerned about this possibility, you may request that I make special accommodations, and I will honor these requests when practicable.
- H. I may occasionally find it helpful to consult with other professionals about a client. During a consultation, I make every effort to avoid revealing the identity of the client. The consultant is also legally bound to keep the information confidential. I will not tell you about these consultations unless I believe that it is important to our work together.

For all other releases of information, I need a written authorization from you. You can withdraw this authorization at any time by contacting me.

IV. Your Rights

- A. You have the right to request limits on the use of your information. I will consider your request but I am not legally required to agree to it.
- B. As noted above, you may choose how I send information to you (e.g., appointment reminders, Invoices), and I will generally agree to your request.
- C. You have the right to see your record and get a copy of it. I may deny your request if I think it would cause serious harm or I may suggest that you review your record in my presence or the presence of another psychologist. If such a request is made, I will provide you with a written response to your request. I may charge a copying fee as prescribed by Rhode Island state law.
- D. You have a right to an accounting of the disclosures that I have made (starting April 15, 2003). This need not include disclosures made for treatment, payment, or health care operations, or disclosures that you authorized. If you request more than one accounting of disclosures in a 12-month period, I may charge you a fee for additional ones. Address requests for disclosures to me.

- E. If you believe that your record is inaccurate or that important information is missing, you may request a correction. Please address such requests to me in writing. If I deny your request, I will inform you in writing as to the reasons why it was denied.
- F. You have the right to a paper copy of this notice. I may revise this notice at any time. If I do so, I will post a copy in the waiting room, and you may request a paper copy of the revised notice.

Questions and Complaints

It is important that you are comfortable with the quality of care that you receive from me. If at any time you have questions regarding your treatment, my procedures, or fees please discuss them with me. I will make every effort to assist you in resolving your concerns or questions. If you have questions about this privacy notice or wish to file a complaint about my policies or about how I have behaved, please contact me, as I serve as this office’s HIPAA Privacy and Security Officer.

You may also send a written complaint to the Secretary of the US Department of Health and Human Services. There will be no interruption in your services, changes to the quality of care you are entitled to, or other form of retaliation should you decide to file a complaint regarding my practices or procedures. I do hope that you would discuss with me any concerns you may have and provide me the opportunity to respond prior to taking such action.

Your signature below indicates that you have read the information in this notice in its entirety, have had your questions answered, understand its contents, and to its terms.

Client Name: _____ **DOB:** _____

Client or Parent/Legal Guardian, if client is a minor:

Print Name	Signature	Date
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Print Name	Signature	Date
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Witness:

Lori Meyerson	Signature	Date
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