



NOTICE OF PRIVACY PRACTICES (NPP)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION/PHI (Protected Health Information) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

By law I am required to ensure that your Protected Health Information (PHI) is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office and on my website (www.mindsetpsycare.com). You may also request a copy of this Notice from me, or you can view a copy of it in my office or on my website (www.mindsetpsycare.com).

A. INTRODUCTION

This Notice will tell you how I handle your medical information. It explains how I use this information in my office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this Notice, please ask me for additional explanation or more detail.

B. WHAT I MEAN BY “YOUR MEDICAL INFORMATION” OR “PHI” OR “PROTECTED HEALTH INFORMATION”

Each time you visit me or any doctor’s office, hospital, clinic, or any other “healthcare provider,” information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the tests and treatment you got from us or from others, or about payment for healthcare. The information I collect from you is called, under the law, “PHI,” which stands for Protected Health Information. This information goes into your medical or healthcare record or file at the office.

PHI is likely to include, but is not limited to, the following types of information in this practice:

- Your personal history (relationships, professional, social, family, etc.)
- Your stated presenting concerns, symptoms, needs, and goals for treatment.
- Diagnoses, which are the medical terms for your problems or symptoms.
- A treatment plan: a list of the treatments and services which I think will be best to help you.
- Progress notes, which include information about how you are doing, what I notice about you, and what you tell me.
- Records I receive from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports provided to me.
- Information about current medications or past medication trials.
- Legal matters

- Insurance and billing information.

This information will be used for reasons including:

- To coordinate and plan your treatment.
- To assess how effective the current treatment course is.
- As a reference when speaking with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- To show that you actually received the services from me which I billed to you or to your health insurance company.
- To improve the way I do my job by measuring the results of my work.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it, and if you want a copy I can make one for you (this will involve a charge for the costs of copying and mailing, if you want it to be mailed to you. I will provide this cost in advance).

In some rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing you can ask me to amend (add information to) your record, although there are some situations in which I don't have to agree to do that. If you have any further questions about this, please do not hesitate to ask me about this.

C. PRIVACY AND THE LAW

I am also required to tell you about privacy because of the privacy regulations in a federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPAA law requires me to keep your Protected Healthcare Information (PHI) private and to give you this notice of my legal duties and my privacy practices which is called the Notice of Privacy Practices (or NPP). I will obey the rules of this notice as long as it is in effect, but if I change it, the rules of the new NPP will apply to all the PHI I keep. If I change the NPP, you will be provided with a copy.

D. HOW YOUR PROTECTED HEALTH INFORMATION (PHI) CAN BE USED AND SHARED

When your information is “used”, that means it is read by me and used by me to make decisions about your care. When your information is “disclosed,” that means the information is shared with or sent to others outside this office. Except in some special circumstances, when I use your PHI here or disclose it to others, I share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed (shared), and so I will tell you more about what I do with your information.

I use and disclose PHI for several reasons. Mainly, I will use and disclose it for routine purposes.. For certain uses or disclosures, I must tell you about them and have a written Authorization form. For other uses or disclosures,, I do not need your consent or authorization. I will explain each situation below.

1. Uses and Disclosures of PHI in Healthcare That Require Your Consent

After you have read this Notice, you will be asked to sign a separate Consent form to allow me to use and share your PHI. In almost all cases, I intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business functions called “health care operations” Together, these routine purposes are called “Treatment, Payment, and Healthcare Operations (TPO)” and the Consent form allows us to use and disclose your PHI for TPO. Take a minute to re-read that last sentence until it is clear because it is very important. Next, I will tell you more about TPO.

1a. For treatment, payment, or health care operations.

I need information about you and your condition in order to provide care to you. I must receive agreement from you to let me collect the information and to use it and share it to care for you properly. Therefore, in order to begin treating you, you must sign the Consent form because if you do not agree and consent, I am unable to provide you with the treatment.

When you come to see me, I will collect information about you and all of it may go into your healthcare records here. As noted above, generally, I may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations:

For treatment: I use your medical information to provide you with psychological treatments or services. These might include individual therapy, psychological, educational, or vocational testing, treatment planning, or measuring the efficacy of services rendered.

I may share or disclose your PHI to others who provide treatment to you. For example, I may share your information with your personal physician. I may refer you to other professionals or consultants for services I cannot provide, requiring the sharing of information about your condition. I will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

For payment: I may use your information to bill you, your insurance, or others so I can be paid for the treatments I provide to you. I may contact your insurance company to check on exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your conditions. I will need to tell them about when we met, your progress, and other similar things.

For health care operations: There are a few other ways I may use or disclose your PHI for what are called “health care operations.” For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies, so they can conduct studies on certain disorders and treatments and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

1b. Other Uses in Healthcare

Scheduling: I may use and disclose medical information to schedule and/or reschedule our appointments. For example, if you want me to call you only at your home or your work or prefer some other way of reaching you, I can typically make arrangements to communicate that way. Please make the request and we can discuss it.

Business Associates: There are some jobs I hire other businesses to do for me. Under the law, they are called my “business associates.” For example, I have a business associate agreement (BAA) with iPlum, which provides my HIPAA compliant phone service for your use in communicating with you regarding your services. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they must agree in their contract with me to safeguard your PHI. I also have an existing BAA with Google for HIPAA compliant email transmission to and from my email address (drrood@mindsetpsycare.com).

2. Uses and Disclosures That Require Your Authorization

I will also obtain an authorization from you before using or disclosing PHI (your Protected Health Information) in a way that is not described in this Notice.

To clarify, if I want to use your information for any purpose besides the TPO (treatment, payment, operations) or those I described above, I will explain my proposed use and provide you with an authorization form. It is up to you

to decide whether to provide your consent through a Release of Information/Authorization form. I do not anticipate needing this frequently.

If you do authorize me to use or disclose your PHI in that way, you can revoke (cancel) that permission, in writing, at any time. After that time I will not use or disclose your information for the purposes that I agreed to. I cannot take back any information I had already disclosed with your permission prior to it being revoked.

3. Uses and Disclosures of PHI from Mental Health Records That Do Not Require Your Consent or Authorization

The law let me use and disclose some of your PHI without your consent or authorization in some cases. Particularly, there are some federal, state, and or local laws which require me to disclose PHI. Here are examples of when I might be required to share your information:

- (1) If I have a reasonable cause to suspect abuse of children or elders with whom I come into direct contact in a professional capacity, I am mandated by law to report this to the Pennsylvania Department of Public Welfare.
- (2) If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting a lawyer, or trying to get a court order to protect the information they requested.
- (3) I am required to disclose some information to government agencies which work to ensure that I am obeying the privacy laws.

Additional Causes to Disclose Without Consent

When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the HIPAA 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 United States Food & Drug Administration (FDA)-regulated products, or for specialized government functions such as fitness for military duties, eligibility for Veterans Affairs (VA) benefits, and national security and intelligence.

- (1) **For Law Enforcement Purposes:** I may release medical information if asked to do so by a law enforcement official to investigate a potential crime or criminal.
- (2) **For Public Health Activities:** I might disclose some of your PHI to agencies which investigate diseases or injuries.
- (3) **Relating to Decedents:** I might disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.
- (4) **For Specific Government functions:** I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.
- (5) **To Prevent a Serious Threat to Health or Safety:** If I believe you are a serious threat to your own health or safety or to the health or safety of another individual or group of people, I can disclose some of your PHI in order to aid in preventing the threat from occurring.

4. Uses & Disclosures Where You Have an Opportunity to Object

I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose such as close friends or clergy. I will ask you about who you want me to tell what information about your condition or treatment. You can tell me what you want and I will honor your wishes, as long as it is not against the law.

If it is an emergency, an instance wherein I cannot ask if you disagree - I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information, in an emergency, I will tell you as soon as I am able to. If you don't approve I will stop, as long as it is not against the law.

5. An Accounting of Disclosures

When I disclose your PHI, I may keep some records of to whom I sent it, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures.

E. YOUR RIGHTS REGARDING YOUR PHI

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask me to call you at a particular phone number to schedule appointments, if you prefer.
2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep my agreement unless it is against the law, an emergency, or if the information is necessary for your treatment.
3. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but there will be a processing/administrative charge involved, which I will tell you about in advance. Contact me to arrange how to see your records.
4. If you believe the information in your records is incorrect or missing important information, you can ask me to make some types of changes (called "amending") to your health information. You have to make this request in writing. You must tell me the reasons you want to make the changes.
5. You have the right to a copy of this NPP. If I change this NPP, I will post the new version in my waiting area and you can always get a copy of the NPP.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services (HHS). All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.
7. 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 my services.
8. 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.

- (1) **What is considered a Breach?:** The HITECH Act added a requirement to HIPAA that psychologists (and other covered entities) must give notice to patients and to HHS if they discover that "unsecured" PHI has been breached. A "breach" is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule.

Breach Notification Addendum to Policies & Procedures:

Also, you may have other rights which are granted to you by the laws of this State and these may be the same or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

F. IF YOU HAVE QUESTIONS

If you need more information or have questions about the privacy practices described above, ask at any time. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, please contact Mindset Psychological Care at (412) 615-9350. You also have the right to file a complaint with me and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.