

**Renée Marchant, PsyD**

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**EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on 08/20/2022.

**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

*You may ask for a paper copy of this Notice at any time. If you need help understanding this Notice, I will provide language and content support.*

This Notice of Privacy Practices describes how I safeguard and use your Protected Health Information ("PHI"). Your information may be in paper, digital, or electronic record files and may contain health, biometric, or genetic information, images, videos and/or audio recordings. This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, the APA Code of Ethics, and Massachusetts statutes and regulations. I am providing this Notice to you to help you understand your rights and my responsibilities.

**FOR PARENTS OR GUARDIANS OF MINORS**

Patients younger than the age of 18 are considered minors and medical care must be authorized by a parent or someone else with legal authority. When minor patients are *legally permitted* to make decisions about their own medical care, they can usually control the release of their medical information even to their parents or legal guardians. For example, a minor has the consenting rights of an adult with respect to diagnosis and care of some conditions (as defined by Massachusetts law) such as drug dependency and pregnancy. Most of the time, the parents or legal guardians of minor patients make decisions about their children's medical care, are authorized to give written consent to disclosure of their child's health information and records, and have the privacy rights described in this Notice. This includes parents without residential responsibility for a child, as they retain decision-making authority over the child's medical care and medical records unless a court has ordered otherwise. When parents with decision-making authority cannot agree on access to or release of their child's confidential medical or health information, a court will decide following a hearing. Importantly, upon turning 18, a child gains control over treatment, information, and records.

If you are a parent or legal guardian receiving this Notice because your child receives services with me, please understand that when I say “you” in this Notice, I am referring to your child. We are talking about the privacy of their PHI.

### **MY PLEDGE REGARDING HEALTH INFORMATION**

I understand that health information is personal. I am committed to protecting your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect. I can change the terms of this Notice, and such changes will apply to all PHI that I have for you. The new Notice will be available upon request, in my office, and on my website.

### **USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, REQUIRING CONSENT**

*For Treatment.* Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with other treatment team members. An example of treatment would be when I consult with another health care provider, such as a family physician or another mental health provider. I may disclose your PHI to any other person whom you indicate is involved in your care or the payment for your healthcare only with your authorization.

*For Payment.* I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your consent. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

*For Health Care Operations.* I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

### **USES AND DISCLOSURES REQUIRING AUTHORIZATION**

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that I have

already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization:

- Psychotherapy notes (when applicable) which are separated from the rest of your medical record
- PHI for marketing purposes, including subsidized treatment communications
- Disclosures that constitute a sale of PHI
- Information about HIV/AIDS testing, diagnosis, or treatment information, substance abuse treatment records, and reproductive health issues, such as sexually transmitted diseases or pregnancy
- Other uses and disclosures not described in this Notice of Privacy Practices

### **USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION**

I am committed to respecting the confidentiality and protecting the privacy of my clients. In general, all communications between a client and a psychologist are considered confidential, and this confidentiality is protected by law. There are, however, some exceptions to confidentiality and I am required by law to inform you of confidentiality and its limits.

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

- *Child Abuse:* If I, in my professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse) or from neglect, including malnutrition, I must immediately report such condition to the Massachusetts Department of Children and Families.
- *Elder Abuse:* If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, I must immediately make a report to the Massachusetts Department of Elder Affairs.
- *Abused of a Disabled Person:* If I have reasonable cause to suspect abuse of an adult (ages 18-59) with mental or physical disabilities, I must immediately make a report to the Massachusetts Disabled Persons Protection Commission.
- *Serious Threat to Health or Safety:* If a client presents a clear danger to himself or herself and refuses to accept appropriate treatment, information is released to protect the client. If a client communicates an explicit threat to kill or inflict serious bodily injury on a reasonably identified person, and the client has the apparent intent and ability to carry out the threat, information is released to protect that reasonably identified person. If a client has a history of physical violence which is known to me and I have reasonable basis to believe that there is a clear and present danger that the patient will attempt to kill or inflict serious bodily injury upon a reasonably identified person, information is released to protect that reasonably identified person. In all of the above circumstances, I am required by law and have a duty to take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for hospitalization.

Furthermore, if a client presents a clear and present danger to himself or herself and refuses to accept further appropriate treatment, and I have a reasonable basis to believe that a client can be committed to a hospital, I must seek said commitment and may contact members of the client's family or other individuals if it would assist in protecting the client. PHI may also be released for law enforcement purposes and activities (such as locating a suspect and including certain distinguishing characteristics) or with a law enforcement official to avert a serious or imminent threat of harm.

- *Judicial or Administrative Proceedings:* If a judge orders the disclosure of information or orders me to testify, information relevant to the legal issue would be provided. If you are involved in a court proceeding and a request is made for information about your care with me and the records thereof, such information is privileged under state law and I will not release information without written authorization from you or your legal-representative, or a court or administrative order.
- *Public Health.* If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
- *Other.* If required, I may use or disclose PHI for Health Oversight (e.g. requests from the Board of Registration of Psychologists), Worker's Compensation, or Specialized Government Functions (e.g. requests from U.S. Military Command Authorities).

## **YOUR RIGHTS AND MY OBLIGATIONS**

1. *Right of Access to Inspect and Copy.* You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records for as long as the PHI is maintained in the record. Your access may be denied in certain circumstances, but in some cases, you may be able to have this decision reviewed. On your request, I will discuss with you the details of the request and denial process. I may charge a reasonable, cost-based fee for copies. If records are maintained electronically, you can request an electronic copy of PHI. You may also request that a copy of your PHI be provided to another person.
2. *Right to Correct or Update.* You may ask me to amend PHI information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. On your request, I will provide you with details of the amendment process.
3. *Right to an Accounting of Disclosures.* You have the right to request an accounting of PHI for which you have neither provided authorization nor consent. On request, I will discuss with you the details of the accounting process.
4. *Right to Request Restrictions.* You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.
5. *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.* You have the right to request that I communicate with you about health matters in a certain way or at a certain location. You have the right to ask me to contact

you in a specific way (for example, home or office phone) or to send postal mail to a different address, and I will agree to all reasonable requests.

6. *Breach Notification.* If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
7. *Right to a Paper Copy of this Notice.* You have the right to a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.

I am required by law to maintain the privacy of PHI and to provide you with notice of legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the postal mail upon request, or providing one to you at your next appointment.

## **COMPLAINTS**

If you believe I have violated your privacy rights or you disagree with a decision I made about access to your records, you can contact me by postal mail or phone (Renée Marchant, PsyD, 285 Washington Street, Braintree MA 02184; 781-523-5610). You may also send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). I will not retaliate against you for filing a complaint.

## **Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. The HIPAA Privacy Rule requires health plans and covered health care providers to develop and distribute a notice—the Notice of Privacy Practices (NPP). The current NPP for my clinical practice is provided in this document for your review at any time.