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# **NOTICE OF PRIVACY PRACTICES**

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.

## **INTRODUCTION**

This notice tells how I use information in my office, how I share it with other professionals and organizations, and how you can see it. A federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires me to tell you about this.

The law protects the privacy of all communications between a patient and a medical provider. In most situations, I can release only information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by state law or HIPAA. Minors who are 13 to 17 must sign their own written authorization form in advance of my sharing information with others.

## **YOUR MEDICAL INFORMATION**

Each time you or your child visits me, I collect information about your or your child's mental health. It may be information about your, your child's, or other family members' past, present, or future health or condition; the treatment or services received; or about payment for health care. This information is called Protected Health Information or PHI. The information I obtain from you or your child goes into your medical record at my office. It is likely to include the following:

- Personal history
- Reasons for treatment: problems, symptoms, needs, goals
- Diagnoses: medical terms for problems and symptoms
- Treatment Plan: services that we decide to provide to improve problems
- Progress Notes: description about services provided
- Records from others who have treated or evaluated you or your child
- Psychological & psychiatric test scores, school records, and other relevant records
- Information about medications that you or your child take
- Legal matters
- Billing and insurance information

This information is used for many purposes. For example, I may use it to:

- Plan your or your child's care
- Talk with other health care professionals who are also treating you or your child
- Decide how well treatment is working, such as during professional consultation meetings
- Coordinate appointments and billing with my business associates
- Show your insurance company that you actually received the services from me that I billed them for

Although your or your child's health record is my physical property, the information belongs to you. You can inspect, read, or review your or your child's record. (If your child is age 13 or older, you can inspect, read or review her/his record only with her/his consent.) If you want a copy of your record or the record of your child age 12 or under, you can request it in writing. I can make a copy for you, but I may charge you some reasonable fee for the costs of copying and mailing.

There are very unusual situations in which you could not see some or all of what is in your or your child's records. If I believe that disclosing a record could reasonably be expected to threaten your life or the life of another, to endanger your safety or the safety of another, or to lead to you identifying a person who provided information to me in confidence under circumstances where confidentiality is appropriate, then you could not obtain a copy of parts or all of your or your child's record. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

Because the records are of a professional and technical nature, they can be misinterpreted or prove to be upsetting to an untrained reader. For this reason I recommend that you initially review them in my presence or have me mail them to another mental health professional so you can discuss the contents.

If you find anything in the records that you think is incorrect or something important is missing, you can ask me to amend (correct or add information to) your record. In some rare situations, I do not have to agree to that.

### **HOW PROTECTED HEALTH INFORMATION (PHI) CAN BE USED AND SHARED**

When your or your child's information is read by me or others in my office, it is called "use." If the information is shared with or sent to others outside this office, it is called "disclosure." Except in some special circumstances, when I use your or your child's PHI or disclose it to others, I share only the minimum necessary PHI needed for the purpose. The law gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed.

### **USES AND DISCLOSURES OF PHI IN HEALTH CARE WITH YOUR CONSENT**

I need some information about you or your child in order to provide satisfactory care and evaluative services. In order for me to treat you or your child, you have to agree to let me collect that information and to use it and share it as necessary. You must sign the patient agreement forms before I begin to provide services to you or your child. If you do not agree and consent, I cannot treat you or your child.

I intend to use your or your child's PHI at my office or disclose your or your child's PHI for three purposes: treatment, obtaining payment, and what are termed "health care operations." If I have assistants helping with my practice, they will follow the same legal guidelines.

### **TREATMENT**

I might use your PHI to provide you or your child with psychiatric services for treatment. I may occasionally find it helpful to consult other mental health and medical health professionals about a case. If I consult with professional who is not involved in your treatment, I make every effort to

avoid revealing your identity. These professionals are legally bound to keep the information confidential. I will not tell you about these consultations unless I feel that it is important to our work together. Let me know if you would prefer that I tell you about these consultations. I may refer you or your child to other professionals for services that I cannot offer, such as special testing or treatments. When I do this, if I need to tell those people things about you or your child's conditions I will ask you to sign a release allowing me to. If the professionals send me information, that will go into your record with me.

I may email you or leave you a voicemail message for you regarding an appointment. If you have a preference of where you want me to email or call or would prefer that I not email you or leave you a voicemail message, please let me know. If I call you I will be using a cellphone and you should know that privacy cannot be absolutely guaranteed with these devices.

### **PAYMENT**

I may use your PHI to bill you, your insurance, or others in order to be paid for the treatment I provide to you or your child. I may contact your insurance company to determine what your insurance covers. I may have to tell them your or your child's diagnoses, dates of service, and what treatments you have received.

### **HEALTH CARE OPERATIONS**

There are some other ways I may use or disclose your PHI, which are called health care operations. Business associates may assist me with tasks like billing, filing, and taking messages. These assistants need to receive some of your or your child's PHI to perform these services properly. To protect your privacy, they will safeguard your or your child's information.

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

If I want to use your or your child/s PHI for any purpose besides those described above, I need your written permission on an authorization form. If you do authorize me to use or disclose your or your child's PHI, you can revoke that permission in writing at any time. If you want me to share information about you or your child with your family or others, I will ask you what information you want me to share and with whom.

### **USES AND DISCLOSURES OF PHI FROM MENTAL HEALTH RECORDS NOT REQUIRING CONSENT OR AUTHORIZATION**

In some unusual situations I am legally obligated to take actions to attempt to protect people from harm and I may have to reveal some information about a patient's treatment.

- **Child Abuse or Neglect:** If I have reasonable cause to believe that a child has suffered abuse or neglect, the law requires me to file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- **Mistreatment of a Vulnerable Adult:** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, the law requires me to file a report with the appropriate government agency, usually the

Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.

- **Serious Threat to Health or Safety:** If I reasonably believe that there is imminent danger to the health or safety of the patient or any other individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can help provide protection.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, such information may be protected by the psychologist-patient privilege law. I cannot provide any information without (a) your written authorization, or (b) a court order requiring the disclosure. If you are involved in or contemplating litigation, you should consult with your attorney about likely court disclosures. If a patient files a complaint or lawsuit against me, I may disclose information regarding the patient to defend myself.
- **Workers Compensations:** If a patient files a worker's compensation claim and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer and the Department of Labor and Industries.

If such a situation arises, I will make every effort to discuss it fully with you before taking any actions. I will limit my disclosure to what is necessary. While this summary of exceptions to confidentiality should help inform you about potential problems, it is important that we discuss any questions or concerns that you now have or develop in the future. The law governing confidentiality can be complex and legal advice may be needed.

#### **AN ACCOUNTING OF DISCLOSURES**

When I disclose your or your child's PHI, I will keep a record of what was sent, when I sent it and to whom it was sent. You may ask for it at any time.

If you need more information or have questions about these privacy practices, please ask me. If you have a problem with how your or your child's PHI has been handled, or if you believe your or your child's privacy rights have been violated, please let me know. You have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. I will not in any way limit your or your child's care or take any actions against you if you complain. I am the designated privacy officer for my practice, please contact me if you have any questions