

## NOTICE OF PRIVACY PRACTICES (HIPAA)

### **Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information**

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.

#### **Privacy Policy in Walder Psychology PLLC**

There are federal and state requirements that outline how your protected health information (PHI) should be handled. Walder Psychology PLLC is dedicated to protecting your privacy as well. Following is a description of the requirements and how they are handled in our practice.

#### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Walder Psychology PLLC may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
  - *Treatment* is when Walder Psychology PLLC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another mental health practitioner.
  - *Payment* is when Walder Psychology PLLC obtains payment or reimbursement for your healthcare. Examples of payment are if we disclose your PHI to your health

- insurer to obtain reimbursement for your health care or to determine eligibility or coverage; or, regarding your personal obligations and payments, such as our billing, payment processing, or collection.
- *Health Care Operations* are activities that relate to the performance and operation of the practice. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
  - “Use” applies only to activities within this clinical practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
  - “Disclosure” applies to activities outside of this clinical practice, such as releasing, transferring, or providing access to information about you to other parties.

## **II. Uses and Disclosures Requiring Authorization**

Walder Psychology PLLC may use or disclose PHI for purposes outside of treatment, payment, and 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. In those instances when Walder Psychology PLLC is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes that may have been made about our conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

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, and the law provides the insurer the right to contest the claim under the policy.

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

Walder Psychology PLLC may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If you give information which leads to suspect child abuse, neglect, or death due to maltreatment, we must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, we must do so.
- **Adult and Domestic Abuse:** If information you provide gives reasonable cause to believe that a disabled adult is in need of protective services, we must report this to the Director of Social Services.
- **Health Oversight:** The North Carolina Psychology Board has the power, when necessary, to subpoena relevant records should we be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding, and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law, and we must not release this information without your written authorization, or a court order. This 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.
- **Serious Threat to Health or Safety:** We may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker's Compensation:** If you file a workers' compensation claim, we are required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.
- **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.
- **Appointment reminders and health related benefits or services.** We may use and disclose your PHI to contact you to remind you that you have an appointment with me.

We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

- **There may be additional disclosures of PHI** that we are required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

#### IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- **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 us. Upon your request, we will send your bills to another address.)
- **Right to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records (but not including psychotherapy notes) used to make decisions about you for as long as the PHI is maintained in the record. You must submit your request in writing. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- **Right to Amend.** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting.** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- **Right to a Paper Copy.** You have the right to obtain a paper copy of the notice from Walder Psychology PLLC upon request, even if you have agreed to receive the notice electronically.

- **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 our services.
- **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) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

#### Psychologist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will provide you with a copy at the next scheduled psychotherapy session or provide an electronic copy through our portal.

Walder Psychology PLLC relies on certain persons or other entities, who or which are not employees, to provide services on our behalf. These persons or entities may include accountants, lawyers, billing services, and collection agencies. Where these persons or entities perform services, which require the disclosure of individually identifiable health information, they are considered under the Privacy Rule to be my business associates.

We enter into a written agreement with each of our business associates to obtain satisfactory reassurance that the business associate will safeguard the privacy of the PHI of our patients. We rely on our business associates to abide by the contract but will take reasonable steps to work to remedy any breaches of the agreement that we become aware of.

#### **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Sophia Walder-Hoge, PsyD at: (919) 213-1343. If you believe that your privacy rights have been

violated and wish to file a complaint with our office, you may send your written complaint to Sophia Walder-Hoge, PsyD at: Dr.Sophia@WalderPsych.com. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

## **VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on August 1, 2023.

Walder Psychology PLLC reserves the right to change the privacy policies and practices described in this notice. If we revise our policies and procedures, we will provide you with a copy at the next scheduled psychotherapy session or provide an electronic copy through our portal. You may request, and you will be provided, a copy of the most current Notice at any time.

## **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. By checking the box below, you are acknowledging that you have received a copy of this Notice of Privacy Practices (HIPAA).