

HIPAA 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.

Health Insurance Portability and Accountability Act of 1996

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by me in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, I have prepared this explanation of how I am required to maintain the privacy of your health information and how I may use and disclose your health information.

Protecting Your Personal and Health Information

It is my legal duty to safeguard your protected health information (PHI). Applicable Federal and State laws require me to maintain the privacy of my clients' personal and health information. This Notice explains my privacy practices, my legal duties, and your rights concerning your personal and health information. In this Notice, your personal or protected health information (PHI) is referred to as "health information" and includes information regarding your health care and treatment with identifiable factors such as your name, age, address, income or other financial information.

This notice includes 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 of my practice. Authorization is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form.

I will follow the privacy practices described in this Notice while it is in effect. This Notice takes effect January 1, 2026 and will remain in effect until replaced. 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. You may also request a copy from me, or may view it at my office.

How I Protect Your Health Information

I protect your health information by:

- Treating all of your health information that I collect as confidential. (For exceptions to confidentiality, please see the following page.)
- Restricting access to your health information only to those clinical staff who need to know your health information in order to provide services to you.
- Only disclosing the minimum health information necessary for an outside service company to perform its function on my behalf; such companies have by contract agreed to protect and maintain the confidentiality of your health information.
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes, as long as you have given your *consent to receive evaluation or treatment services from me*. To help clarify these terms, here are some definitions:

- *“Treatment, Payment, and Health Care Operations”*

Treatment is when a clinician provides, coordinates, or manages your health care and other services related to your health care. I may use behavioral health information about you to provide you with medical treatment or services. I may disclose behavioral health information about you to doctors, nurses, technicians, health care students (nursing, medical, psychology, etc.), or other personnel who are involved in taking care of you. An example of treatment would be when your clinician consults with another clinician concerning your treatment.

Payment is when you provide reimbursement for the services you receive from me. I may use and disclose behavioral health information about you so that the treatment and services you receive may be billed and collected from you, the party responsible for your bill, an insurance company or a third party. For example, I may need to give your health plan information about therapy you received by me so your health plan will pay me or reimburse you for the treatment. I may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations are activities that relate to the performance and operation of my office. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination, conducting training and educational programs or accreditation activities. For example, I may use behavioral health information to review my treatment and services and to evaluate my performance in caring for you. I may also combine behavioral health information about my patients to decide what additional services I should offer, what services are not needed, and whether certain new treatments are effective. I may also disclose information to doctors, nurses, technicians, health care students (nursing, medical, psychology, etc.), and other personnel for review and learning purposes.

- *“Use”* applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *“Disclosure”* applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside treatment, payment, or healthcare operations when your authorization is obtained. An *“authorization”* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or healthcare operations, I will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization to provide your services.

Uses and Disclosures with Neither Consent nor Authorization

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

- *Abuse* – If I have reason to believe that a minor child, elderly person or disabled person has been abused, abandoned, or neglected, I must report this concern or observations related to these conditions or circumstances to the appropriate authorities.
- *Serious Threat to Health or Safety* – If you communicate to me an explicit threat of imminent serious physical harm or death to identifiable victim(s), and I believe you may act on the threat, I have a legal duty to take the appropriate measures to prevent harm to that person(s) including disclosing information to the police and warning the victim. If I

have reason to believe that you present a serious risk of physical harm or death to yourself, I may need to disclose information in order to protect you. In both cases, I will only disclose what I feel is the minimum amount of information necessary.

- *Worker's Compensation* – I may disclose protected health information regarding you as authorized by, and to the extent necessary to comply with, laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- *Health Oversight Activities* – If the Indiana State Board of Psychology or other licensing or accrediting body is investigating a clinician that you have filed a formal complaint against, I may be required to disclose protected health information regarding your case.
- *Judicial and Administrative Proceedings as Required* – If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, I may be compelled to provide the information. Although courts have recognized a therapist-client privilege, there may be circumstances in which a court would order me to disclose personal health or treatment information. I will not release information unless I have written authorization from you or your legally appointed representative; I will release information if I am presented with a court order. The privilege does not apply when you are being evaluated for a third party (e.g. Law enforcement agency or Social Security) or where the evaluation is court ordered.
- *National Security*- I may be required to disclose to military authorities the health information of Armed Forces personnel under certain circumstances. I may be required to disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. I may be required to disclose health information to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.
- *Research*- Under certain limited circumstances, I may use and disclose health information for research purposes. Your authorization will be secured for these uses/disclosures of your information.

Client Rights and Psychologist's Duties

Client Rights:

- *Rights to Request Restrictions* – You have the right to request additional restrictions on certain uses and disclosures of protected health information (PHI). I may not be able to accept your request, but if I do, I will uphold the restriction unless it is an emergency.
- *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 being seen at my office. On your request, I will communicate with you at another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of your records. A reasonable fee may be charged for copying. Access to your records may be limited or denied under certain circumstances, but in most cases you have a right to request a review of that decision. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* - You have the right to request in writing an amendment of your health information for as long as PHI records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial, which will be added to the information of the original request. If your original request is approved, I will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure of the previous six (6) years. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information.
- *Electronic vs. Paper Copy* – If you received this notice electronically (e.g., accessing a website), you have the right to obtain a paper copy of the notice from me upon request.

My Duties:

- I am required by law to maintain the privacy of PHI and to provide you with this notice of legal duties and privacy practices.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

Other Restrictions

- I must also conform to Federal regulations regarding the release of alcohol/drug treatment records and confidentiality standards related to such treatment.
- In addition, couples and families seeking conjoint treatment sign a supplemental consent indicating they understand that the record of treatment services provided will not be released without authorization from all adults present.

Other Uses of Behavioral Health Information

Other uses and disclosures of behavioral health information not covered by this notice or the laws that apply to me will be made only with your written permission. If you provide me permission to use or disclose behavioral health information about you, you may revoke that permission, in writing, at any time. ***If you revoke your permission, I will no longer use or disclose behavioral health information about you for the reasons covered by your written authorization.*** You understand that I will be unable to take back any disclosures I have already made with your permission, and that I am required to retain my records of the care that I provided to you.

Changes to this Notice

I reserve the right to change my privacy practices and terms of this Notice at any time, as permitted by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of my Notice effective for all health information that I maintain, including health information I created or received before I made the changes. Before I make such changes, I will update this Notice and post the changes in my office and on my website. You may request a copy of the Notice at any time.

Questions and Complaints

For questions regarding this Notice or my privacy practices, please contact me directly.

If you are concerned that your privacy rights may have been violated, you may contact me to make a complaint. You may also make a written complaint to the U.S. Department of Health and Human Services whose address can be provided upon request. All complaints must be in writing; therefore you will be asked to submit your complaint in writing or I will assist you in documenting your complaint. If you choose to make a complaint with the U.S. Department of Health and Human Services, or with me **you will not be penalized for filing a complaint.**