

## Clinical Psychologists, P.C. HIPAA Privacy Policy

When you sign our fee agreement and assignment of benefits (on the Client Information Form), you are giving us permission to release your Personal Health Information (PHI) for the following three purposes:

- 1 Treatment: (for other psychologists in our office to provide crisis coverage or consultation regarding your case. More extensive case discussion within our practice or with outside health care providers requires your written permission).
- 2 Payment: We provide the basic minimum information to your insurance necessary for treatment approval, payment authorization, and billing according to your insurance policy. If we send a bill to anyone other than you, the only information it contains are dates and type of services provided.
- 3 Standard Office Practice: (such as scheduling appointments, record keeping, phone calls, required audits, administrative services, and treatment coordination).

*Any other release of your PHI requires your written permission.*

**Exceptions:** Your psychologist may release confidential information without your consent if related to:

- On going child abuse, adult and domestic abuse
- Serious threats to health or safety
- Court orders or subpoenas
- Workers compensation case
- Licensing board investigations

**Patients' Rights:** You have the right to:

- Put restrictions on disclosures
- Request that we send confidential information (such as billing) to alternate locations to protect your privacy
- Receive a listing of disclosures made
- Request and receive a full copy of the privacy policy
- Submit a request to inspect, copy or amend your records (in coordination with your psychologist, see below)
- 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 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 HIPPA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) risk assessment fails to determine that there is a low probability that your PHI has been compromised.

**Psychologists' Responsibilities.** We are committed to maintaining the privacy of your PHI and will notify you of any changes in our privacy policies and practices. Please note that under HIPAA, your psychologist has the right to deny your request to inspect, copy, or amend your records, but will make every reasonable effort to discuss this with you.

**Privacy Complaints:** If you feel we have violated your privacy rights, please direct your concerns ATTN: HIPAA Compliance Officer at Clinical Psychologists, P.C.

**Effective Date, Restrictions, and Changes:** This statement is effective as of September 23<sup>rd</sup>, 2013. It is a restatement of our original contents. Any revisions will be made available to you at your first visit after these revisions.