

NORMA STEVENS, MS, NCC, LCPC

IHS Psychotherapy and Counseling, LLC

Notice of Policies & Practices to Protect the Privacy of your Health Information (HIPPA Consent)

Notice of Psychotherapists' Policies and Practices to Protect the Privacy of the Patient's 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.

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

IHS Psychotherapy and Counseling, LLC (IHS) may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your *written authorization*. 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 IHS therapists provide, coordinate, or manage your mental/behavioral health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician, psychiatrist or another psychologist.

-Payment is when IHS releases an invoice to you to obtain insurance reimbursement that contains diagnosis codes for diagnosing and cpt codes which describes the type of therapy. This information constitutes PHI information.

– Health Care Operations are activities that relate to the performance and operation of (IHS). Examples of health care 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 IHS, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside of IHS such as releasing, transferring, or providing access to information about you to other parties.

“Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

Therapists may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when the therapist is asked for information for purposes outside of treatment, payment, or health care operations, your IHS therapist will obtain an authorization from you before releasing this information.

You may revoke all authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) IHS staff have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. The law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures without Authorization

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

Child Abuse – If a therapist has reason to believe that a child has been subjected to abuse or neglect, he/she must report this belief to the appropriate authorities.

Health Oversight Activities – If IHS receives a subpoena from the Maryland Board of Professional Counselors because they are investigating IHS Psychotherapy and Counseling LLC or Norma Stevens, MS, LCPC, we must disclose any PHI requested by the Board.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and will not be released ***without your written authorization or a court order***. The privilege does not apply when you are being evaluated by 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 – If you communicate to your therapist a specific threat of imminent harm against another individual or if your therapist believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, the therapist may make disclosures that he/she believes are necessary to protect that individual from

harm. If the therapist believes that you present an imminent, serious risk of physical or mental injury or death to yourself, he/she may make disclosures that he/she considers necessary to protect you from harm.

IV. Patient's Rights and Psychotherapist'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. However, IHS is 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 receiving services at IHS. On your request, your bills will be sent to another address you provide.

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Therapists at IHS may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your therapist will discuss with you the details of the request and denial process for PHI.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Therapists at IHS may deny your request. On your request, your therapist 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. On your request, your therapist 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 upon request, even if you have agreed to receive the notice electronically.

Psychotherapist's Duties:

Therapists are required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI. IHS Psychotherapy and Counseling, LLC reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, IHS Psychotherapy and Counseling, LLC is required to abide by the terms currently in effect. If any policies and procedures are revised, they will be posted in the waiting room and given to you upon your next visit on or after the effective date.

V. Complaints: If you are concerned that your privacy rights have been violated, or you disagree with a decision made about access to your records, you may contact Norma Stevens, MS, LCPC of IHS Psychotherapy and Counseling, LLC by telephone or mail.

You may also send a written complaint to:

Secretary of the U.S. Department of Health and Human Services

Office of the Secretary,

Hubert Humphrey Building

2000 Independence Avenue, S.W.

Washington, D.C. 20201

(tel) 202 690-7000

VI. Effective Date, Restrictions, and Changes to Privacy Policy: This notice will go into effect on February 1, 2013.

IHS Psychotherapy and Counseling, LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. The new Notice Provisions will be posted in the waiting room and given to you at your next visit upon or after the effective date of the changes.