

## NEW YORK NOTICE FORM

### 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.

#### **I. 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* 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 I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.

*Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to you health insurer in order for you to obtain out of network provider reimbursement for your health care.

*Health Care Operations* are activities that relate to the performance and operation of my practice. 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 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.

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

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when our appropriate 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 asking for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing the information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are

notes I have made about our conversation during an individual, group, joint, or family therapy session, which I have kept separate from the rest of your 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) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance reimbursement, and the law provides the insurer the right to contest the claim under the policy.

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

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

**Child Abuse:** If, in my professional capacity, a child comes before me which I have reasonable cause to suspect is an abused or maltreated child, or I have reasonable cause to suspect a child is abused or maltreated where the parent, guardian, custodian or other person legally responsible for such child comes before me in my professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child, I must report such abuse or maltreatment to the statewide central register of child abuse and maltreatment, or the local child protective services agency.

**Health Oversight:** If there is an inquiry or complaint about my professional conduct to the New York State Board for Psychology, I must furnish to the New York Commissioner of Education, your confidential mental health records relevant to this 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 I have provided you and/or the records thereof, such information is privileged under state law, and I 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. I must inform you in advance if this is the case.

**Serious Threat to Health or Safety:** I 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 worker's compensation claim, and I am treating you for the issues involved with that complaint, then I must furnish to the chairman of the

Worker's Compensation Board records which contain information regarding your psychological condition and treatment.

#### **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, I am 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 me. Upon your request, I 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 and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny you access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. 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 an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I 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, I 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 me upon request, even if you have agreed to receive the notice electronically.

##### **Psychologist's Duties:**

I am 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.

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.

If I revise my policies and procedures, I will discuss them with you during the next therapy session and provide you with a paper copy of the revised notice.

## **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at the phone number and address I have provided you.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at the address I have provided you.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services (HHS). The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I cannot, and will not, make you waive your right to file a complaint with HHS as a condition of receiving psychotherapy from me, or penalize you for filing a complaint with HHS.

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

This notice will go into effect April 1, 20018.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a copy of the revised notice by your next therapy session.

Therapist Name and Degree: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

I \_\_\_\_\_ (print patient name)

certify that I have been offered a copy of the HIPAA form outlining my psychologists' Policies and Practices to Protect the Privacy of My Health Information.

Signature (parent, if patient is a minor)

\_\_\_\_\_

Date \_\_\_\_\_

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