

HIPAA Notice of Privacy Practices Statement

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THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

All information describing your mental health treatment and related health care services is personal and it is important that my practice(s) protect the privacy of the personal and mental health information you disclose. This information is referred to as personal health information (PHI) and I am required by law to maintain the confidentiality of information that identifies you and the care you receive. When I disclose information to other persons and companies to perform services for me, I require them to protect your privacy as well. I must also provide certain protections for information related to your medical diagnosis and treatment, including HIV/AIDS, and information about alcohol and other substance abuse. I am required to give you this Notice about my privacy practices, your rights, and my legal responsibilities.

Personal Health Information (PHI) obtained in this practice may include but is not limited to the following examples:

- Name, address, and birth date
- Personal history pertaining to childhood, schooling, work, or relationship status
- Past, present, or future physical or mental health
- Reasons for therapy, diagnosis, treatment plan, progress notes, records received from others who have provided past treatment, psychological test scores, assessment results and other reports
- Current or past use of medication
- Legal matters
- Billing and insurance information

I MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION

- For TREATMENT purposes. I may give information about your psychological condition to other health care providers to facilitate your treatment, referrals, or consultations.
- For PAYMENT purposes. I may contact your insurer to verify what benefits you are eligible for, to obtain prior authorization, and to receive payment from your insurance carrier. This may involve releasing information to insurance companies about your diagnosis, treatment, and the changes I expect.
- For APPOINTMENTS AND SERVICES. I may use your contact information to remind you of an appointment, and to tell you about treatment alternatives or health related benefits or services.

DISCLOSURE REQUIRING YOUR WRITTEN AUTHORIZATION

I may use or disclose personal health information (PHI) for purposes not described in this notice only with your written authorization. This would be authorization to release specific information to a specific person or organization. If this is the case, please contact me directly for an *Authorization for Release of Healthcare Information* form for you to complete, sign and return to me. After I have the completed and signed form, I can then contact the specific person or organization.

I will also need to obtain a signed authorization from you before releasing your *psychotherapy notes*. Psychotherapy notes are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a

greater degree of protection than PHI. Note that under no circumstances can an insurance company deny coverage based on your refusal to release psychotherapy notes.

If you do authorize me to use or disclose your information, you can revoke (cancel) that permission, in writing, at any time. After that time, I will not use or disclose your information for the previously agreed purposes. It must be noted, however, that I cannot take back any information that has already been disclosed with your permission

Limitations on revoking an authorization may exist 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.

I MAY DISCLOSE YOUR MENTAL HEALTH INFORMATION FOR OTHER PURPOSES WITHOUT YOUR WRITTEN AUTHORIZATION

- As REQUIRED BY LAW, if I have reasonable cause, on the basis of my professional judgment, to suspect abuse of children with whom I come into contact in my professional capacity, I am required by law to report this to the Pennsylvania Department of Public Welfare. If I have reasonable cause to believe that an older or dependent adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), I may report such to the local agency which provides protective services.
- For HEALTH OVERSIGHT ACTIVITIES to governmental, licensing, auditing, and accrediting agencies as authorized or required by law including audits; civil, administrative or criminal investigations; licensure or disciplinary actions; and monitoring of compliance with law. If a complaint is filed against me with the State Board of Psychology (or other appropriate state Board of Examiners), the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
- In JUDICIAL OR ADMINISTRATIVE PROCEEDINGS, if you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release the information without your written consent or a court order. The 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.
- To PUBLIC HEALTH AUTHORITIES to prevent or control communicable disease, injury, or disability, or to ensure the safety of drugs and medical devices.
- To LAW ENFORCEMENT, for example, to assist in an involuntary hospitalization process.
- To THE STATE LEGISLATIVE SENATE OR ASSEMBLY RULES COMMITTEES for legislative investigations.
- For RESEARCH PURPOSES subject to a special review process and the confidentiality requirements of state and federal law.
- To PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY, if you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and I determine that you are likely to carry out the threat, I must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent, telling someone who could prevent the harm, or telling law enforcement officials.
- To PROTECT CERTAIN ELECTED OFFICERS, including the President, by notifying law enforcement officers of potential harm.

- To WORKERS COMPENSATION. If you file a worker's compensation claim, I will be required to file periodic reports with your employer, which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

YOU HAVE THE FOLLOWING RIGHTS:

To Receive a Copy of this Notice when you obtain care.

Please let me know if you would like a copy of this Notice.

- To Restrict Certain Disclosures.
You have the right to restrict certain disclosures of protected health information to health plans/insurance companies if you choose to pay out of pocket in full for the health care service you are receiving.
- To Request Restrictions.
You have the right to request a restriction or limitation on the mental health information I disclose about you for treatment, payment, or health care operations. You must put your request in writing. I am not required to agree with your request. If I do agree with the request, I will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.
- To Inspect and Request a Copy of Your Mental Health Record or the record of your child (under age 14) or legally dependent adult, except in limited circumstances.
You must put your request for a copy of your records in writing. Following your request, you can expect me to accept or deny your request in writing within 30 days. If you are denied access to your mental health record for certain reasons, I will tell you why and what your rights are to challenge that denial. If necessary, I may request identifying documents to verify your identity or your authority to have access to another's records.
- To Request an Amendment and/or Addendum to your Mental Health Record.
If you believe that information is incorrect or incomplete, you may ask me to amend the information or add an addendum (addition to the record) of no longer than 250 words for each inaccuracy. Your request for amendment and/or addendum must be in writing and include a reason for the request. I may deny your request for an amendment if the information was not created by me, is not a part of the information that you would be permitted to inspect and copy, or if the information is already accurate and complete. Even if I accept your request, I do not delete any information already in your records.
- To Receive An Accounting of Certain Disclosures I have made of your mental health information.
You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. You must put your request for an accounting in writing.
- To Request That I Contact You By Alternative Means.
You have the right to request and receive confidential communications about 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 written request, I will send your bills to another address.) You may request that I contact you by fax versus mail, at a specific telephone number or at alternate locations. Your request must be in writing, and I must honor reasonable requests.
- To File a Complaint.
You have the right to complain to the Department of Health and Human Services should you come to believe that your privacy rights have been violated.

BUSINESS ASSOCIATES

I may occasionally rely on certain persons or entities that are not employed by me to provide services on my behalf. These persons could include billing services, collection agencies, credit card companies, or lawyers. Should these persons perform a service that requires the disclosure of identifiable health information, they would be considered under the Privacy Rule to be a Business Associate. In such an occurrence, I would enter into a written agreement with each business associate requiring the business associate to safeguard the privacy of PHI of my clients. I will rely on the business associate to maintain confidentiality of PHI, but should there be a breach of confidentiality, I will act promptly to remedy the issue. If my attempt to remedy the breach is not successful, then I will terminate the business associate contract, or if termination is not feasible, I will report the problem to the Department of Health and Human Services.

EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO THIS NOTICE:

This notice will go into effect on December 1, 2014.

I maintain the right to deny your request to access copies of either your or your child's psychotherapy notes when it may, in my professional opinion, pose harm to either you or your child's mental health. Such denials may be considered final and not reviewable by another licensed health care professional, typically designated as a "reviewing official", under the following circumstances: when the information is compiled in reasonable anticipation of, or for use, in a legal or administrative action or proceeding; and when someone other than a health provider provides information about you or your child under a promise of confidentiality and access to the requested information would be reasonably likely to reveal the source of the information. However, you may request, and are entitled to, a review of my denial by another licensed health care professional for access to other information contained in your medical record (not covered by the exceptions above) if

- In the exercise of my professional judgment I determine that access to the record is likely to "endanger the life or physical safety" of you, the client, or another person.
- The requested information makes reference to another person (other than another healthcare provider) and in the exercise of my professional judgment I determine that access is "reasonably likely to cause substantial harm" to this person.
- A personal representative for you or the client has requested access to the record and, in the exercise of my professional judgment, I determine that access is "reasonably likely to cause substantial harm" to you or another person.

Should you choose to request a review of my denial of your request, I will provide you with the steps necessary to request a review.

By law, I am required to follow the terms in this privacy notice. I have the right to change the way your personal health information is used and given out. If I make any changes to the way your PHI is used and given out while you are a current client in my practice, you will get a new notice, directly or by mail, within 60 days of the change.

CONTACT INFORMATION:

If you want more information about my privacy practices or have questions or concerns, please feel free to speak directly to me. You may also seek more information or submit a complaint to the U.S. Department of Health and Human Services (HHS) at HHS.gov or by calling HHS at 1-877-696-6775. I support your right to the privacy of your health information. I will not retaliate against you for exercising your right to file a complaint.

CLIENT RIGHTS

Below is summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) for the purpose of treatment, payment, and health care operations. HIPAA requires

that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which is available upon request (also available in the waiting room), explains HIPAA and its application to your personal health information in greater detail.

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of PHI. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

Please sign in the space provided on the *Structure of Service Agreement* form that you have read and agree to the above.