

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. Please review this notice carefully.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how your psychologist may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), regulations promulgated under HIPAA, including the HIPAA Privacy and Security Rules, the Code of Professional Ethics of the American Psychological Association, and Massachusetts statutes and regulation. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of Notice of Privacy Practices. I reserve the right to change the terms of this Notice of Privacy Practices at any time. If I make changes, I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

i. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS REQUIRING CONSENT

We may use or disclose your PHI for treatment, payment and health care operations purposes with your consent as discussed below:

For Treatment Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. An example of treatment would be when we consult with another health care provider, such as a family physician or another mental health provider. We may disclose PHI to any other consultant only with your authorization.

For Payment We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your consent. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

For Health Care Operations We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

II USES AND DISCLOSURES REQUIRING AUTHORIZATIONS

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization.

III USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

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

Child Abuse: If I, in my professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition I must immediately report such condition to the Massachusetts Department of Children and Families.

Elder Abuse: If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse or neglect, I must immediately make a report to the Massachusetts Department of Elder Affairs.

Abuse of a Disabled Person: If I have reasonable cause to suspect abuse of an adult (ages 18-59) with mental or physical disabilities, I must immediately made a report to the Massachusetts Disabled Persons Protection Commission.

Health Oversight: The Massachusetts Board of Registration of Psychologists has the power, when necessary to subpoena relevant records should I be the focus of an inquiry.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and I will not release information without written authorization from you or your legally appointed representative, 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.

Serious Threat to Health or Safety: If you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person or class of persons and you have the apparent intent and ability to carry out the threat, I must take reasonable precautions to prevent this. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. I must also do so if I know you have a history of physical violence and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

Worker's Compensation: If you file a worker's compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer, and the Division of Worker's Compensation.

Specialized Government Functions: If you apply for a national security clearance or are in the military or join the military you may be required to disclose mental health treatment and authorize access to your PHI. My policy is not to respond to such requests unless you give permission to me directly and in writing. Some professional licensing boards may also ask about mental health treatment and require you to authorize access to your PHI. Again, my policy is to not respond to such requests unless you directly give me written authorization. The reason for this is that, in my opinion, when such consent is required as part of a bigger process, it is not possible to freely consent.

Public Health: If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. I may also, if directed by a public health authority disclose your PHI to a government agency that is collaborating with that public health authority.

IV YOUR RIGHTS AND OBLIGATIONS

Patient's Rights:

You have the following rights regarding PHI we maintain about you:

Right of Access to Inspect and Copy. You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. In the case of couple's therapy both partners must agree to this access in writing. I may charge a reasonable fee for copies. I will review and discuss the content of the record with you at your request. You may also request that a copy of your PHI be provided to another person.

Right to Amend. If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me which will be included in your record. I may prepare a rebuttal to your statement to be included in your file and I will provide you with a copy.

Right to an Accounting of Disclosures: You have the right to request an accounting of PHI for which you have neither provided authorization nor consent. On request, we will discuss with you the details of the accounting process. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations and the PHI pertains to a

health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations. You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. (For instance, you may not want a family member to know you are seeing us. Upon your request, I will send your bills to another address.)

Breach Notification: If there is a breach of PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this noticed upon request, even if you have agreed to receive the notice electronically.

My Obligations:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy practices described in this Notice. Unless I notify you of such changes, I am required to comply with the terms currently in effect.
- If I revise my privacy practices, I will mail you a copy of the new Notice at your request or provide you with a copy at your next appointment.

V COMPLAINTS

If you believe I have violated your privacy rights or you disagree with a decision I made about access to your records you may send a written complaint to the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 or you may call (202) 619-0257. **I will not retaliate against you for filing a complaint.**

VI EFFECTIVE DATE OF PRIVACY PRACTICES

This notification will go into effect on October 1, 2020.