

HIPAA (Health Insurance Portability and Accountability Act)

INDIANA NOTICE FORM

Notice of the 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

Melanie Stone, Ph.D. 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 Dr. Stone provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be if Dr. Stone consulted with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when Dr. Stone obtains reimbursement for your healthcare. Examples of payment are when Dr. Stone discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of this 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 the office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the office, 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

Dr. Stone 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 Dr. Stone is asked for information for purposes outside of treatment, payment, or health care operations, Dr. Stone will obtain an authorization from you before releasing this information. Dr. Stone will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes made during a private, group, joint, or family counseling session, which may be kept separate from the rest of your medical 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) Dr. Stone has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Dr. Stone may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If Dr. Stone believes that a child is a victim of child abuse or neglect, Dr. Stone must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – If Dr. Stone believes or has reason to believe that an individual is an endangered adult, Dr. Stone must report this belief to the appropriate authorities.
- *Health Oversight Activities* – If the Indiana Attorney General’s Office is conducting an investigation into Dr. Stone’s practice, then Dr. Stone is required to disclose PHI upon receipt of a subpoena.
- *Judicial and Administrative Proceedings* – If the patient is involved in a court proceeding and a request is made for information about the professional services Dr. Stone provided you and/or the records thereof, such information is privileged under state law, and Dr. Stone will not release information without the written authorization of 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 Dr. Stone that an actual threat of violence to cause serious injury or death against a reasonably identifiable victim or victims or if you present evidence, conduct or make statements indicating an imminent danger that you will use physical violence or use other means to cause serious personal injury or death to others, Dr. Stone will take the appropriate steps to prevent that harm from occurring. If Dr. Stone has reason to believe that you present an imminent, serious risk of physical harm or death to yourself, Dr. Stone will need to disclose information in order to protect you. In both cases, Dr. Stone will only disclose what Dr. Stone feels is the minimum amount of information necessary.
- *Worker’s Compensation* – Dr. Stone may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

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. However, Dr. Stone 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 being seen in this practice. On your request, Dr. Stone 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 in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Dr. Stone may deny your access to PHI under certain circumstances, but in some cases you may

have this decision reviewed. On your request, Dr. Stone 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. Dr. Stone may deny your request. On your request, Dr. Stone 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, Dr. Stone 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 Dr. Stone upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- Dr. Stone is required by law to maintain the privacy of PHI and to provide you with a notice of Dr. Stone's legal duties and privacy practices with respect to PHI.
- Dr. Stone reserves the right to change the privacy policies and practices described in this notice. Unless Dr. Stone notifies you of such changes, however, Dr. Stone is required to abide by the terms currently in effect.
- If Dr. Stone revises policies and procedures, Dr. Stone will provide you with a revised notice at your next session in this office.

V. Complaints

If you are concerned that Dr. Stone has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact Dr. Stone at (317) 566-2810.

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

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

This notice will go into effect on April 14th, 2003

Dr. Stone reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained.

VII. Addendum to HIPAA Privacy Information (September 2013)

Breach Notification

- If I become aware of, or suspect, a breach of confidential information, I will conduct a designated Risk Assessment. I will keep a written record of the Risk Assessment.
- If I determine that PHI (Protected Health Information) has been compromised, I will give notice of the breach as designated by the compliance procedure.

- After any breach, particularly one that requires patient notification, I will re-assess privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

Obtaining Authorization

- I will obtain an authorization from you before using or disclosing PHI in a way that is not detailed in this notice or when releasing psychotherapy notes.
- Use and disclosure without your consent or authorization is allowed as stated in the Introduction to Psychological Services form.
- Certain narrowly-defined disclosures to law enforcement agencies; a health oversight agency (such as HHS or a state department of health); coroner or medical examiner for public health purposes relating to disease or FDA-regulated products; or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence may be allowed.

Patient Rights

- You have the right to restrict certain disclosure of PHI to a health plan when you pay out-of-pocket in full for my services.
- You have the right to be notified if: (a) there is a breach (use or disclosure of your PHI in violation of the HIPAA Privacy Rule); (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

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