

Notice of 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

Portsmouth Neuropsychology Center, LLC (hereinafter PNC) may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent* or *after receiving notice of our privacy practices*. 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 PNC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when PNC consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when PNC obtains reimbursement for your healthcare. Examples of payment are when PNC 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 PNC. 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 our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

PNC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when you have provided us with an authorization. An "*authorization*" is written permission to disclose your PHI for a purpose not covered by treatment, payment, or healthcare operations, or otherwise permitted by law. In those instances when PNC is asked for information for purposes outside of treatment, payment and health care operations, PNC will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) PNC has relied on that authorization; or (2) 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.

III. Uses and Disclosures with Neither Consent nor Authorization

PNC may use or disclose PHI without your consent or authorization as may be permitted by law including, but not limited to the following circumstances:

- **Child Abuse:** If, in our professional capacity, a child comes before PNC or any of its licensed employees and give reasonable cause to suspect is an abused or neglected child, or PNC has reasonable cause to suspect a child is abused or neglected where the parent, guardian, custodian or other person legally responsible for such child comes before PNC in our professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or neglected child, we must report such abuse or neglect to the State of New Hampshire or the local child protective services agency.
- **Health Oversight:** If there is an inquiry or complaint about PNC or any of its licensed employees' professional conduct to the New Hampshire State Board of Mental Health Practice, PNC must furnish to the New Hampshire Board of Mental Health Practice 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 PNC has provided you and/or the records thereof, such information is privileged under state law, and we 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.
- **Serious Threat to Health or Safety:** If you communicate to PNC an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, PNC must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. PNC must also do so if PNC knows you have a history of physical violence and PNC believes there is a clear and present danger that you will attempt to kill or inflict bodily harm upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment and PNC has a reasonable basis to believe that you can be committed to a hospital, PNC 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, and PNC is treating you for the issues involved with that complaint, we may be required to release relevant information from your mental health records to a participant in the worker's compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Worker's Compensation, or the Compensation Rating and Inspection Bureau.

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, PNC 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 from PNC. Upon your request, PNC 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 our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. PNC may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, PNC 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. PNC may deny your request. On your request, PNC 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, PNC 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 PNC upon request, even if you have agreed to receive the notice electronically.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket or in full for services.
- **Right to be Notified if there is a Breach of Your Unsecured PHI:** You have a right to be notified if a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; b) that PHI has not been encrypted to government standards; and c) PNC's risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Mental Health Clinician Duties:

- PNC is required by law to maintain the privacy of PHI and to provide you with a notice of our privacy practices with respect to PHI.

- PNC reserves the right to change the privacy policies and practices described in this notice. Unless PNC notifies you of such changes, however, PNC is required to abide by the terms currently in effect.
- If PNC revises its policies and procedures, PNC will notify current clients and post the new policies in the waiting area.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision PNC makes about access to your records, or have other concerns about your privacy rights, you may contact Laura Rubin, Ph.D. at (603) 433-0800.

If you believe that your privacy rights have been violated and wish to file a complaint with PNC, you may send your written complaint to Laura Rubin, Ph.D. at Portsmouth Neuropsychology Center, 501 Islington Street, Suite 1F, Portsmouth, NH 03801. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201 (877-696-6775) for more information.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on September 22, 2013. PNC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that PNC maintains. PNC will inform you of any change in advance and provide you with a revised notice either in person or by mail. Closed client cases can, if interested, call and ask if PNC’s policies have changed and obtain a copy by mail.

VII. Acknowledgment

Your signature below serves as an acknowledgement that you have received a copy of this HIPAA Notice Form.

Patient Signature Date

Print Name

Parent or Guardian Signature Date

Print Name