

Silber Psychological Services, P.A.
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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability Act (HIPAA) and the Notice of Privacy Practices, is a federal law that provides you additional privacy protection and explains your rights with regard to the release of any Protected Health Information (PHI). The law requires that we obtain your signature acknowledging that you have read or have a copy of our Privacy Practices Agreement.

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 it carefully.

We take seriously a patient's privacy and strive to protect the confidentiality of your psychological and medical information. Federal legislation (HIPAA) requires that all healthcare providers issue an official notice of one's privacy practices. Private Health Information (PHI) is a term that will be used throughout this document. It refers to information in your health records that could identify you.

How we may use and disclose psychological and medical information about you with your advanced consent:

The following categories describe the different ways that we may use and disclose information about you with your consent which is provided by signing the Notice of Privacy Practice Patient Acknowledgement Agreement.

- **Treatment** is when we provide and coordinate services related to your healthcare. Examples of treatment would be when we consult with another healthcare provider such as your family physician or another mental health professional who is providing treatment.
- **Payment** is when we obtain reimbursement from you. Examples include when we disclose PHI to your health insurance carrier so that you may get reimbursed. We may need to send PHI such as your name, address, office visit dates, and codes identifying your diagnosis and treatment to your insurance company. Also, we may need to supply basic identifying information such as your name, address, and phone number to an attorney or billing service for collection of any outstanding payment.
- **Healthcare operations** refer to activities that relate to the performance and operation of our practice. For example, healthcare operations include administrative services, scheduling appointments, business related matters, case management, and care coordination.

Uses and disclosures requiring written authorization:

You must sign an authorization before we can release your PHI for any other issues and disclosures not described in the Privacy Notice. When appropriate written authorization is obtained, Silber Psychological Services, P.A. may use or disclose PHI to others whom you designate. An authorization is permission above and beyond the general consent noted in the prior section that permits only disclosures in treatment, payment, and healthcare operations. When we ask for information outside of these parameters, we will obtain an authorization from you before releasing information. For example, you may ask us in writing to contact a school, release a report to someone, or send records after you no longer are a patient within our practice.

If you give us authorization to use or disclose information about you, you may revoke that authorization in writing at any time.

However, we are unable to retract any disclosures that we have already made in good faith with any previous written authorizations that you gave us. Also, if authorization is obtained from you as a condition of your obtaining insurance coverage, the law provides the insured the right to contest the claim under the policy.

Psychotherapy notes may be made at the discretion of the healthcare provider. Psychotherapy notes can only be released by a written authorization by the client or a court order. We do not disclose PHI for marketing or sales. Other use and disclosures not described in the Privacy Notice will be made only with authorization from the individual (or legal guardian in case of a minor).

Uses and disclosures of medical information not requiring consent or authorization:

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

1. If the therapist suspects child abuse or if there is reasonable cause to believe that a disabled adult is in need of protective services, then appropriate authorities are contacted.
2. If a therapist believes that you are a clear imminent danger to yourself or another person, the therapist may notify appropriate others to prevent the occurrence.
3. If there is need for health oversight, the North Carolina Psychology Board has the power when necessary to subpoena relevant records should we be the focus of an inquiry.
4. If there are legal proceedings, patient/therapist communications are privileged except for the following:
 - If your mental status is an issue before the court.

- If the judge authorizes a court order because he or she feels that communication is necessary to the proper administration of justice.
 - If a government agency is requesting information for health oversight activities, we may be required to provide it for them.
 - If a complaint or lawsuit is lodged against us, we may disclose relevant information regarding that patient in order to defend our practice.
 - If a patient files a worker's compensation claim, we are required by law to provide mental health information to your employer and the North Carolina Industrial Commission.
5. When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a 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.

Patient Rights:

- **Right to request restriction.** You have the right to request restrictions on certain uses and disclosures of PHI to you. We are not required to agree to a restriction request but if we do agree, we will comply with your request unless information is needed to provide you with emergency treatment.
- **Right to restrict.** You have the right to restrict certain disclosures of PHI information to a health plan if you pay out of pocket in full for the healthcare services.
- **Right to request different ways to communicate with you.** You have the right to request how and where we contact you about PHI. For example, you may wish to be contacted at work or utilize a different address or phone number. You also have the right to have records sent to you in electronic format. We are allowed to charge a fee for providing access in electronic format.
- **Right to a paper copy.** You have the right to obtain a paper copy of the records from us upon request, even if you have agreed to receive the notice electronically or other means by which information is sent to you.
- **Right to inspect and copy.** You have the right to see and copy both the PHI in our records and billing information that were used to make decisions about you for as long as the PHI is maintained in that record. We may deny your access to PHI under certain circumstances but you may have this decision reviewed.
- **Right to amend.** If you feel that information we have about you is incorrect or incomplete, you may ask us at anytime to take a look at the issue. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. Upon your request we will discuss the details of the amendment process.
- **Right to accounting.** You generally have the right to request a list of disclosures of medical information about you. To request this list, you must submit a written request and we will discuss with you the details of the accounting. The first time you ask in a 12-month period for us to release or disclose PHI, this is considered a courtesy and no charges are levied. If there is an inquiry for additional records within the 12-month period, additional fees are levied.
- **Right to be notified of breach.** You have the right to be notified if there is a breach of unsecured Protected Healthcare Information.

Psychologist's Duties:

Silber Psychological Services, P.A., are required by law to maintain the privacy of the PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy policies and practices described in this notice. We will post a notice of any changes of our Notice of Privacy Practices with the effective date in our waiting rooms and on our website. You may request a paper copy at any time.

Complaints:

If you believe your privacy rights have been violated or you disagree with a decision that we made about access to your records, you may contact the privacy officer at Silber Psychological Services or our office for further information. You may also file a complaint with the U.S. Secretary of the Department of Health and Services.

Who will follow this notice:

Any healthcare professional authorized to enter information into your medical record, all employees, staff, and personnel at Silber Psychological Services, P.A. who may need access to your information must abide by this notice. All subsidiaries and business associates of this practice must agree to maintain the privacy of any patient information they may come in contact with either advertently or inadvertently. Except where necessary, only essential medical information will be released about you.

The Effective Date of this HIPAA: September 23, 2013.