

HIPAA NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS

The information that follows is the Privacy Notice that health care providers offer in compliance with HIPAA laws. In addition to the information in the HIPAA Privacy Notice, we follow state and federal laws regarding the confidentiality of mental health information. Please note that McIntyre Psychological Services, LLC does not collect information on anyone who uses our website. Please review this information carefully.

How We May Use and Disclose Health Information About You: The following categories describe different ways that McIntyre Psychological Services use and disclose health information.

For Treatment Payment, or Health Care Operations: Federal and state privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Other Uses and Disclosures Requiring Authorization: We 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 we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. A release of information will be provided to you upon reasonable request.

Psychotherapy Notes: McIntyre Psychological Services will need to obtain a separate authorization before releasing your Psychotherapy Notes. Psychotherapy notes receive special protection under the HIPAA Privacy Rule ("Privacy Rule"). The Privacy Rule defines psychotherapy notes as "notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint or family counseling session, and that are separate from the rest of the patient's medical record." These notes do not include information about medication management, session start and stop times, test results, summaries of the patient's diagnosis or

symptoms, or information about the patient's progress. The psychotherapy notes receive special protection because of their sensitive nature and because they are personal notes of the provider that are generally not required for treatment, payment, or health care operations. The Privacy Rule requires that the practice obtain specific authorization prior to any type of disclosure of psychotherapy notes for ANY reason, including a disclosure for treatment purposes to another healthcare provider. There are very limited exceptions to requiring specific authorization for disclosure of psychotherapy notes such as reporting of abuse, neglect, or domestic violence, or a threat of serious and imminent harm made by the patient during his/her session. The patient does not have a right to access their own psychotherapy notes. However, the provider, in their own discretion, can provide a copy of the patient's psychotherapy notes to the patient consistent with applicable state law. The HIPAA Privacy Rule does not provide a right of access to psychotherapy notes and thus this practice is not required to disclose the psychotherapy notes to the parent, guardian, family, including if the patient is deceased. The patient's written authorization is required for the provider to release psychotherapy notes to another provider for treatment purpose.

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) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

FMLA, Disability– We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to employment concerns. This office does not evaluate for short term disability, long term disability, EAP, or workman's compensation other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. However, if the patient's records are requested, we will need a written authorization from the patient, legal guardian, or legal counsel.

Disclosures to Listed Emergency Contact or Other Designated Person: We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations. With your written authorization, we can release records to your attorney, family, friend, or another medical provider. You will need to request this form from us.

Uses and Disclosures without Authorization- We may use or disclose PHI without your consent or authorization in the following circumstances:

Intent of Harm to Self and/or Others- If you report suicidal or homicidal ideation, plan, or attempts, this will be reported to appropriate individuals who would be responsible for the health and safety of you or others. Reasonable attempts will be made to notify if this would be reported.

Child Abuse – If we know or have reasonable cause to suspect that a child has been abused or neglected, we must report the matter to the appropriate authorities as required by law.

Adult and Domestic Abuse – If we suspect that an adult has been abused, neglected, or exploited and we have reasonable cause to suspect that the adult is incapacitated or dependent, we must report the matter to the appropriate authorities as required by law.

Health Oversight Activities and Licensing Board – We may disclose PHI to a provider's state professional licensing board pursuant to standards or regulations for regulation, accreditation, licensure, or certification. We would also disclose records to methods of audits or investigation of this establishment. In this case, we would make reasonable attempts to notify you in these matters.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative or a court order. Furthermore, if in your provider's reasonable professional judgment, she or he believes that you pose a direct threat of imminent harm to the health or safety of any individual, including yourself, she or he may disclose PHI to the appropriate persons. However, the privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered (see below). Some of the reasons for which may include but is certainly not limited to the following; lawsuit, child custody case, criminal matters, or information to an individual who is performing duties authorized by law.

Military- Our practice may disclose your PHI if you are a member of the U.S. Armed Forces, a veteran, or a member of foreign military forces for activities deemed necessary by appropriate military command authorities, including the Department of Veteran's Affairs for the purpose of your eligibility for or entitlement to certain benefits provided by law.

National Security- Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates- Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you (b) for the health, safety and security of the institution, and its officers and employees and/or (c) to protect your health and safety or the health and safety of other individuals.

IV. Patient's Rights

Right to Request Restrictions –You have the right to restrict me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. The request may be denied upon sound clinical judgment.

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.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full- You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

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. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so. We may deny your access to inspect or receive a copy of your PHI under certain circumstances, and/or we believe that such access would be detrimental to your mental or physical health.

The Right to Get a List of the Disclosures We Have Made- You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request.

Right to Amend – 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. On your request, we 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, we 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 us upon request, even if you have agreed to receive the notice electronically.

Right to a Breach Notification- You have the right to be notified of any breach of your unsecured healthcare information.

Right to File a Complaint - If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Right To Be Treated Fair – You deserve to be treated with respect and dignity and receive care without regard to race, color, creed, age, sex, national origin or disability.

Right To Choose an Advance Directive- You have the right to designate the kind of care you wish to receive should you be unable to express your wishes. Your right to make decisions about health care does not mean that you can demand treatment and services that are medically inappropriate or unnecessary.

Refuse Treatment – You have the right to refuse treatment to the extent permitted by law. It is our responsibility to discuss with you the possible results of your refusal. You may also refuse to

participate in research. At this time, McIntyre Psychological Services does not engage in research.

Right To Be Informed- You have the right to be informed of your diagnosis, treatment plan, payment/ billing history, and any experimental or research treatment. You also have the right to be given information to any required payments.

Right To Search For And Hire An Interpreter- You have the right to require the use of an interpreter. However, this person may not be a friend or family member. This person (s) will need to be unknown to you other than from a formal professional relationship. It is highly recommended that you seek services from a professional interpreter. Both you and the interpreter will need additional forms to complete in order to begin treatment, which your provider can approve upon further discussion. Please note that McIntyre Psychological Services does not provide referrals for interpreters nor are we responsible for finding you translator.

Provider Duties:

Inform Clients to Limits of Confidentiality- The provider shall inform clients at the outset of a professional relationship of those constraints on confidentiality that can be reasonably anticipated.

Safeguard Confidential Information- The provider shall safeguard the confidential information obtained in the course of practice, teaching, research or other professional duties. Psychologists who offer services, products or information via electronic transmission shall inform clients/patients of the risks to privacy and limits of confidentiality.

Non-Discrimination- In their work-related activities, provider's do not engage in unfair, illegal, and unethical discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

Avoiding Harm- Providers take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable. Provider do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees.

Do Not Engage in Multiple Relationships - A multiple relationship occurs when a provider is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the provider has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical. When providers are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur.

Do Not Engage in any Conflict of Interest- Providers refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as provider's or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

Must Cooperate with Other Professionals- When indicated and professionally appropriate, providers cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

By signing this form, I certify:

- That I have received a copy of HIPAA Notice of Privacy Practices.**
- That I fully understand its contents including the risks and benefits of the procedure(s).**
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.**

Signature of Patient: _____ **Date:** _____

Parent/Legal Guardian: _____ **Date:** _____

Indicate your relationship to the client and/or reason and legal authority for signing:

Patient is: minor incompetent disabled deceased

Legal authority: parent guardian representative of deceased