

Privacy and Confidentiality

The Health Portability and Accountability Act (HIPAA), effective on April 13, 2003, requires me to provide you with my Notice of Privacy Practices. This is the document that is presented below. There is a generally required format for this document that I find overly complicated and legalistic sounding. I have attempted to streamline my version, but the law's requirements must still be considered. Aside from the language of this Privacy Notice, I want to assure you that I will maintain the confidentiality of the medical record and whatever transpires verbally between us in treatment. When in doubt I will choose not to disclose or keep disclosure to a minimum.

As a solo practitioner there are no other individuals who will have access to the record in the normal course of my practice. If you use your insurance then I will have to disclose substantial protected health information to satisfy your insurance company that your treatment is medically necessary and meets best professional practices. The other vulnerabilities to disclosure occur when there is suspected abuse or neglect, medical emergencies based on eminent risk of harm to self or others, and court ordered subpoenas. I promise you that I will make every effort to keep you informed about disclosures I am required to make.

I think there are a number of situations not covered by the standard HIPAA Privacy Notice. I also think that the standard Privacy Notice sometime raises more questions than it answers. Please feel free to ask me about any concerns you may have about the confidentiality of your treatment or about the implications of the Privacy Notice. Open and frank discussion of privacy and confidentiality is the most likely way for you, the client, to have a satisfactory resolution of these complex and often emotionally charged issues.

HIPAA Compliant Notice of Privacy Practices

This Notice of Privacy Practices describes the way in which I may use and disclose your medical/health information and how you can get access to this information. Your health information is contained in your medical and billing records maintained by my office. Protected health information is the information I create and obtain in providing services to you. Such information may include: documenting your symptoms, medical and mental health history, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. I recognize that your personal health information is personal. I am committed to protecting your information. I also am legally required to document the care and services I provide to you. This Notice applies to these records.

In summary, you have the following rights:

- The right to inspect and copy your information;
- The right to request corrections to your information;
- The right to request that your information be restricted;
- The right to request confidential communication;
- The right to a report of disclosures of your information; and
- The right to a paper copy of this Notice.

My legal Responsibility to Protect Your Health Information

Federal law requires me to:

- Maintain the privacy of your protected health information that I have created or received from another healthcare provider;
- Maintain the privacy of your protected health information regarding payment for healthcare;
- Notify you about how I protect your protected health information;
- Explain how, when and why I use and disclose protected health information about you about;
- Abide by the terms of this Notice, as currently in effect;
- Notify you if we are unable to agree to a requested restriction on how you protected health information is used or disclosed;
- Accommodate reasonable requests that you make to communicate protected health information by alternative means; and
- Obtain your written authorization to use or disclose your protected health information for reasons other than those listed and permitted by law.

Changes to this notice

I reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information I maintain. If my information practices change, I will amend this Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of this "Notice" or by visiting my office and picking up a copy.

This Office is Permitted by Federal Privacy Laws to Use and Disclose Protected Health Information for Purposes of Providing Treatment, Obtaining Payment, and for Health Care Operations

Examples of Use and Disclosure of Your Health Information for Treatment Purposes:

- I obtain treatment information about you and record it in a health record.
- During the course of your treatment, I determine I will need to consult with another professional in order to coordinate or manage your mental health treatment and related services. I will share the information with this professional and obtain his/her input.
- I may also disclose your protected health information to providers or facilities that may be involved in your care after you end your treatment with me.

Examples of Use and Disclosure of Your Health Information for Payment Purposes:

- I may use and disclose your protected health information so that I can bill and receive payment for the services I provide to you.
- For billing and payment purposes I may disclose your protected health information to insurance or managed care company, Medicare, Medicaid or other third party payer. The information on the bill may contain information that identifies your diagnosis and course of treatment.
- I may contract your health plan to confirm coverage or to obtain pre-certification of a service;
- I may submit requests for payment to your health insurance company;
- I will provide information your health insurance company in response to their requests about your medical condition and the care given.

Examples of Use and Disclosure of Your Information for Health Care Operations:

- I may use or disclose to organizations that assess the quality of care I provide (such as government agencies or accrediting bodies);
- I may use or disclose protected health information to non healthcare personnel, such as billing personnel;
- I may use or disclose protected health information to organizations that evaluate, certify or license healthcare providers in a particular specialty;
- I may use or disclose protected health information to assist others who may be reviewing my activities such as accountants, lawyers, consultants, risk managers and others who assist me in complying with state and Federal laws;
- I may use or disclose your protected health information when I call or leave messages on your answering machine to schedule, remind you of, or confirm/re-schedule an appointment.

Other Disclosures and Uses

Under current Federal law, I may use and disclose your protected health information in circumstances in which you do not have to give authorization or otherwise have the opportunity to agree or object.

Serious Threat

To avert a serious threat to health or safety, I may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

Reporting Victims of Abuse, Neglect or Domestic Violence

When authorized by law or if you agree to the report, and if I believe you have been a victim of abuse, neglect or domestic violence, I may use and disclose your protected health information to notify a government authority.

Law Enforcement

I may disclose your protected health information for certain law enforcement purposes, including:

- Complying with a court order, warrant or subpoena;
- Reporting certain types of wounds and/or other physical injuries (i.e. gunshot wounds);
- Reporting emergencies or suspicious deaths;
- Reports required by law.

Judicial and Administrative Proceedings

I may disclose your protected health information in to a lawsuit, dispute, court or administrative order. I may also disclose protected health information in response to a subpoena, discovery request or other lawful process by another part involved in the action. I will make a reasonable effort to inform you about the request.

Employers

I may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Workers Compensation

If you are seeking compensation through Workers Compensation, I may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Health Oversight

When authorized by law, I may disclose your protected health information to a state or Federal health oversight agency , whose activities may include audits, investigation, inspections and licensure..

Individuals Involved in your Care or Payment for Your Care

Unless you object I may disclose protected health information about you to a family member, relative, close personal friend or other person you identify (including clergy, who are involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or payment for your care

Public Health

As authorized by law, I may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Other Uses

Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

Website

This Notice will be on my professional website: www.MichaelAllisonLMFT.com

Any Other Use or Disclosure of Your Protected Health Information Requires Your Written Authorization

Under any circumstances than those listed above, I will require you to provide me with a written authorization before I use or disclose your protected health information to anyone. If you sign an authorization allowing me to disclose protected health information in a specific situation, you can revoke or cancel your authorization in writing at any time.

Your Health Information Rights

The health and billing records I maintain are the physical property of the office. The information in it, however, belongs to you. You have the following rights regarding your protected health information I maintain:

The Right to Access your Protected Health Information:

Upon written request, you have the right to inspect and obtain a copy your health record and/or billing record.. You may exercise this right by delivering the request to my office. I may deny your request to inspect or receive copies in certain limited circumstances (for example, the record contains confidential information about another individual). You may have a right of appeal of this denial of access to your protected health information. I will provide you with a rationale for this denial as required by both state and Federal law.

The Right to Request Restrictions:

You have the right to request a restriction on the way I uses and disclosures of your protected health information. You can also request I limit the information I disclose to those involved in your care or the payment of your services by

delivering the request to my office. I am not required to grant the request, but we will comply with any request granted, except in the event of an emergency and will only disclose the restricted information to the extent necessary for your emergency treatment.

The Right to Confidential Communications:

You have the right to request that I communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that I contact you only at a certain phone number or specific address.

Right to a Paper Copy of This Notice:

You have the right to obtain a paper copy of this Notice even if you have agreed to receive it electronically by contacting me in writing or by phone.

The Right to Request an Amendment:

You have the right that I amend or modify the records in my custody to correct incomplete or incorrect information. This request must be in writing and must explain the reasons for the proposed amendments. I may deny your request if you ask me to amend information that:

- Was not created by me;
- Is not part of the health information kept by or for the office;
- Is not part of the information that you would be permitted to inspect and copy; or
- In my opinion, is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

The Right to An Accounting of disclosures:

You have the right to request a report of disclosures of your protected health information. You may ask for disclosures up to six years before your request. I am not required to include disclosures made for treatment; made for billing or collection of payment for your treatment; made in the process of healthcare operations; made directly to you, that you authorized; or those made to individuals involved in your care. You must submit your request in writing to the contact person listed in this notice.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Michael Allison, LMFT at 860 933-5072. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at my office by delivering the written complaint to: 322 Main Street, Suite 1-O, Willimantic, CT 06226.

You may also file a complaint by contacting: Office for Civil Rights - U.S. Department of Health and Human Services - 200 Independence Avenue S.W. - Room 509F, HHH Building - Washington, D.C. 20201.

You will not be retaliated against for filing a complaint.