

PSYCHOLOGY RESOURCES
NOTICE OF PRIVACY PRACTICES

Original Effective 4/14/2003; Current Version Effective March/12/2013 Revised 6/2016

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.

Information regarding your health care, including payment for health care, is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 and 164. This Notice of Privacy Practices is provided to you as a requirement of HIPAA. It describes how Psychology Resources may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Psychology Resources may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. 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 Psychology Resources provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
Payment is when Psychology Resources obtains reimbursement for your healthcare. Examples of payment are when we disclose 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 our 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 Psychology Resources such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Psychology Resources, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Psychology Resources may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained except as described in this Notice or otherwise permitted under all applicable privacy laws. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. 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.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Psychology Resources has 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.

Psychology Resources is required to obtain your written consent for disclosures that constitute a sale of your PHI or disclose information about you for marketing purposes. Neither is the practice of Psychology Resources.

Psychology Resources has not and does not engage in fundraising efforts. If this changed you would have the right to opt out of receiving such communication.

If Psychology Resources intends to send you communications concerning treatment alternatives or other health-related products or services, or intends to conduct notifications for which the program receives financial remuneration in exchange for making the communication, you will be informed of that intent and of your right to opt out of receiving such communication. It is not the practice of Psychology Resources to engage in such activities.

Authorization is required for most uses and disclosures of psychotherapy notes.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- *Child Abuse* – If Psychology Resources, in the performance of our occupational duties, have reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect, we must immediately report the harm to the appropriate authority.
- *Adult and Domestic Abuse* – If Psychology Resources, in the performance of our occupational duties, have reasonable cause to believe that a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect, then we must report the belief to the appropriate authority. Psychology Resources also must report incidents of abuse of disabled persons disclosed to our office by you.
- *Health Oversight Activities* – Psychology Resources may disclose PHI to the Alaska Board of Psychologist and Psychological Associate Examiners or to the Department of Community and Economic Development in proceedings conducted by the board or the department where the disclosure of confidential communications is necessary to defend against charges before the board or department.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and 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. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. We will inform you in advance if this is the case.
- *Serious Threat to Health or Safety* – Psychology Resources may disclose PHI where you communicate an immediate threat of serious physical harm to an identifiable victim. If you present an imminent risk of serious harm to yourself, we may disclose information necessary to protect you.

- *Internal Communication* – Psychology Resources may use your information internally for treatment purposes, in accordance with state and federal law. For example, one staff member may disclose health information to another staff member to coordinate your care.
- *Pursuant to an Agreement with a Business Associate* – Psychology Resources may disclose your protected health information without your consent to obtain legal, financial or business support services as long as there is a business associate agreement in place.

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, Psychology Resources 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 seeing a clinician at Psychology Resources. On your request, we will send your bills to another address.) Psychology Resources will only use methods of communication that we have deemed as secure in order to protect your PHI.
- *Right to Inspect and Copy Your Own Healthcare Information*– You have the right to inspect or obtain a copy (or both) of your 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. On your request, your clinician will discuss with you the details of the request 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. Psychology Resources may deny your request. On your written request, we will discuss with you the details of the amendment process. If we deny your request for an amendment, you have a right to file a statement of your disagreement with us. If we prepare a rebuttal to your statement we will provide you with a copy of any such rebuttal.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. On your request, your clinician will discuss with you the details of the accounting process. Psychology Resources is not required to account for disclosures prior to April 14, 2003 or for any period longer than six years prior to your request.
- *Right to file a complaint if you believe your privacy rights have been violated.* See the contact information at the end of this notice. We will not retaliate against you for filing a complaint.
- *Right to Choose someone to act for you* – If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Psychology Resources will make sure the person has this authority and can act for you before we take any action.

- *Right to a Paper Copy of This Notice* – You have the right to obtain a paper copy of the notice from Psychology Resources upon request.
- *Right to be notified of a breach* – You have a right to be notified following a breach of unsecured health information.

Psychology Resources is required by law:

- To protect and maintain the privacy of your health information.
- To provide you with this Notice of our legal responsibilities, duties and privacy practices with respect to your PHI.
- Abide by the terms of the Notice of Privacy Practices currently in effect.
- To notify you of any changes in the practices outlined in this Notice.
- Notify affected individuals following a breach of unsecured health information.

We reserve the right to change the terms of this Notice. We reserve the right to make the revised and changed Notice effective for all protected health information Psychology Resources already has about you as well as any information we create or receive in the future.

V. Complaints

If you are concerned that Psychology Resources has violated your privacy rights, or you disagree with a decision a clinician at Psychology Resources has made regarding access to your records, you may file a complaint using the office contact information below. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

CONTACT:

To file a complaint with Psychology Resources or for further information regarding this Notice of Privacy Practices, contact:

Karin Schaff, Privacy and Security Officer
Psychology Resources
2600 Denali Street Suite 302
Anchorage, AK 99503
(907) 272-4407

To file a complaint with the Secretary of the United States Department of Health and Human Services, contact:

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201
1-877-696-6775