

# Christine E. Carpenter, Psy.D.

Licensed Clinical Psychologist

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## NOTICE OF PRIVACY PRACTICES

Version I: 4/14/03

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

Your psychologist may *use or disclose your protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *written authorization*. 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 your psychologist provides, coordinates, or manages your health care and other services related to your health care. An example would be consulting with another health care provider, such as your family physician or another psychologist.
- Payment is when your psychologist obtains reimbursement for your health care. Examples are when your PHI is disclosed 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 your psychologist's practice. Examples 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 your psychologist's practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Disclosure applies to activities outside of your psychologist's practice, such as releasing, transferring, or providing access to your information to others.

Authorization is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

## **II. Other Uses and Disclosures Requiring Authorization**

Your psychologist 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 asked for information for purposes outside of treatment, payment, or health care operations, your psychologist will obtain an authorization from you before releasing this information. An authorization will also need to be obtained from you before releasing your psychotherapy notes.

Psychotherapy Notes are notes your psychologist may keep about conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

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) your psychologist 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.

## **III. Uses and Disclosures without Authorization**

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

*Child Abuse* – If there is reasonable cause to believe a child known to your therapist in her or his professional capacity may be an abused child or a neglected child, s/he must report this belief to the appropriate authorities.

*Adult and Domestic Abuse* – If there is reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, your therapist must report this belief to the appropriate authorities.

*Health Oversight Activities* – Your psychologist may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.

*Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and this information must not be released without a court order. The information can be released directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization 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. You must be informed in advance if this is the case.**

***Serious Threat to Health or Safety*** – If you communicate to your therapist a specific threat of imminent harm against another individual or if s/he believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, your therapist may make disclosures that s/he believes are necessary to protect that individual from harm. If your therapist believes that you present an imminent, serious risk of physical or mental injury or death to yourself, s/he may make disclosures necessary to protect you from harm.

***Worker's Compensation*** – Your therapist may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

#### **IV. Patient's Rights and Psychologist's or Therapist'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, your psychologist 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 psychologist. On your request, your bills will be sent to another address.)

**Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and Psychotherapy Notes. On your request, your psychologist or therapist will discuss with you the details of the request for access 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. Your request may be denied. On your request, your psychologist or therapist 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, your psychologist or therapist will discuss with you the details of the accounting process.

**Right to a Paper Copy of Notice of Privacy Practices – You have the right to obtain a paper copy of this notice from your psychologist upon request, even if you have agreed to receive the notice electronically.**

**Psychologist's / Therapist's Duties:**

**Your psychologist is required by law to maintain the privacy of PHI and to provide you with a notice of her legal duties and privacy practices with respect to PHI.**

**Your psychologist reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, your psychologist is required to abide by the terms currently in effect.**

**If the policies and procedures are revised, you will be notified as long as you are still in treatment with the current psychologist. Paper copies will be available.**

**V. Questions and Complaints**

**If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, please talk to your psychologist.**

**If you believe that your privacy rights have been violated and wish to file a complaint, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.**

**You have specific rights under the Privacy Rule. Your psychologist will not retaliate against you for exercising your right to file a complaint.**

**VI. Effective Date, Restrictions, and Changes to Privacy Policy**

**This notice will go into effect on April 14, 2003. Your psychologist reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI maintained. Your psychologist will provide you with a revised notice in person or via mail within 30 days of the revision.**

**Christine E. Carpenter, Psy.D.**  
**Licensed Clinical Psychologist**

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF NOTICE OF PRIVACY  
PRACTICES - Version I: 4/14/03**

**By my signature below, I acknowledge that I received and read a copy of the Notice of Privacy Practices. I agree with the provisions to use and disclose my Protected Health Information (PHI) as described in the Policy.**

\_\_\_\_\_  
**Client Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

**1 East Superior, Suite 202, Chicago, IL 60611 (773) 339-1361**