

Devils Lake Psychological Services, PLLC

Privacy Practices/ HIPAA Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Effective 9/1/2018

Our Legal Duties

We are required by law to maintain the privacy and security of your protected health information (PHI), including information disclosed to us during the course of services provided at this clinic. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

Use of Information

Information about you may be used by the personnel associated with this clinic for scheduling, appointment reminders, diagnosis, treatment planning, treatment, payment, and continuity of care. With your consent, we may disclose your health information to health care providers who are involved with your care. At times, we may hire other businesses/individuals to do jobs or provide services for this agency. They are referred to as "business associates." As your privacy is of the utmost importance to us, these business associates have agreed in their contracts with us to safeguard your information.

Client records cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of this clinic not to release any information about a client without a signed release of information form; except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

Uses and Disclosures Not Requiring Client Consent or Authorization

Federal, state, and local law may require us to disclose your PHI in the following situations. There may be other disclosures required by law but the following list includes the most common:

Duty to Warn and Protect

If you report plans or intent to cause harm to self or others, we may disclose your PHI in order to protect you or others from serious harm. If you are planning to harm others, we are required to attempt to warn any intended victim and to notify legal authorities. If the intended harm is self-directed, we are required to notify the legal authorities and attempt to notify a family member.

Public Health

PHI may be disclosed for public health activities. For example, state law requires that all cases of diagnosed Autism Spectrum Disorder be reported to the North Dakota Department of Health. PHI may also be released to agencies investigating diseases or injuries.

Specific Government Functions

PHI may be disclosed for specific government functions, such as assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs as well as complying with worker's compensation laws.

Child Abuse/ Vulnerable Adult Abuse

If we gain knowledge of or have reasonable cause to suspect that a child is being abused, neglected, or has died due to abuse or neglect, the law requires that we must file a report to the North Dakota Department of Human Services. If we gain knowledge or have reasonable cause to suspect that a vulnerable adult is being abused, neglected, or exploited; the law requires that we file a report with the North Dakota Protection and Advocacy Project.

Health Oversight

At times, government regulating agencies may need to complete audits/reviews in order to ensure that we are abiding by the privacy laws and other healthcare regulations. These instances may require us to disclose some information so that they can complete these reviews. Furthermore, in cases of possible professional misconduct, the North Dakota State Board of Psychologist Examiners may investigate. If subpoenaed, we may need to appear as witnesses and related patient records may be released in order to substantiate disciplinary concerns.

Judicial or Administrative Proceedings

Health care professionals are required to release records of clients when a court order has been placed. If a court order is not in place, we cannot release your information without your written consent/authorization.

In the Event of a Client's Death

In the event of a client's death, we may disclose PHI to coroners, medical examiners, or funeral directors.

Other Provisions

When payment for services are the responsibility of the client, or a person who has agreed to provide payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment

plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the time-frame, and the name of the clinic or collection source.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed. Some progress notes and reports are dictated/typed within the clinic or by outside sources specializing in (and held accountable for) such procedures.

In the event in which the clinic or mental health professional must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify us in writing where we may reach you by phone and how you would like us to identify ourselves. For example, you might request that when we phone you at home or work, we do not say the name of the clinic or the nature of the call, but rather the mental health professional's first name only. If this information is not provided to us (below), we will adhere to the following procedure when making phone calls: First we will ask to speak to the client (or guardian) without identifying the name of the clinic. If the person answering the phone asks for more identifying information we will say that it is a personal call. We will not identify the clinic (to protect confidentiality). If we reach an answering machine or voice mail we will follow the same guidelines.

Your Rights

You can ask to get a copy of your medical record and other health information we have about you. You may also request to have copies of your records or information about you shared with other individuals or entities outside this clinic. In order to make these requests, you must complete a Release of Information form that includes an original (not photocopied) signature. In rare instances, we may deny these requests. In these cases, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. We will provide a copy or a summary of your health information, usually within 30 days of your request. For paper copies to be mailed, we do charge a small fee of \$0.10 per page, plus postage for this service. You can change your mind about having records released at any time. To cancel the release of information, please notify us in writing of this change.

You can ask us to correct health information about you that you think is incorrect or incomplete. To do this, please provide us with a written and signed statement of disagreement; which will be added to your file. We may deny your request, but we'll tell you why in writing within 60 days.

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. This request must be made in writing.

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We may deny this request if we are required to share this information by law.

You can request a record of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). Request this information in writing.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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. We will make sure the person has this authority and can act for you before we take any action.

You can file a complaint if you feel we have violated your rights. To file a complaint, you can contact our clinic at the address below. We will respond to your complaint in a timely manner. You may also file complaints with the U.S. Department of Health and Human Services Office for Civil Rights or the North Dakota State Board of Psychological Examiners. If you file a complaint, we will not retaliate in any way.

Direct all correspondence to:

Jennifer Hoffarth, Psy.D, Devils Lake Psychological Services, PLLC, 224 4th St. NW Suite 7, Devils Lake, ND 58301.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT:

Client Name (Print)

Date of Birth

Signature

Date

Signed by: Client Parent/Guardian Personal Representative