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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

This document contains summary information about the Health Insurance Portability and Accountability Act (HIPAA) as well as the Health Information Technology for Economic and Clinical Health (HITECH) Act. These are federal laws that establish national standards for the privacy and protection of 'individually identifiable health information.' That is, any information having components that could be used to identify an individual. Labeled the HIPAA Privacy Rule, these standards also protect patient rights with regard to the use and disclosure of your Protected Health Information (PHI), used for the purpose of treatment, payment, and healthcare operations. As a mental healthcare provider, we are required by law to maintain the privacy of patients' PHI, provide you with notice of our legal duties in respect of this rule, and notify any affected individual of a breach in confidentiality. The law also requires that we obtain your signature acknowledging that we have provided you with this information at our initial session. Your signature represents an agreement between you and our practice which may be revoked *in writing* at any time. That revocation will be binding pending fulfillment of prior financial obligations or those imposed on us by your health insurer to process or substantiate claims under your policy. Although we are required by law to abide by the notice currently in effect, we reserve the right to amend this notice at any time. In the event that a change is made to the current notice, a revised copy will be made available to you.

DEFINITIONS

Protected Health Information (PHI) – Information that 1) **relates** to the past, present, or future physical or mental health condition of a patient; providing health care to a patient, or the past, present, or future payment for the patient's health care, 2) identifies, the patient or could reasonably be used to identify the patient, and 3) that is transmitted or maintained in any form or medium.

Clinical Record – Includes information pertaining to 1) modalities and frequencies of treatment furnished, 2) results of clinical tests, 3) any summary of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date, 4) counseling session start and stop times, and 5) medication prescription and monitoring.

Psychotherapy Notes – Kept **separate** from the Clinical Record, these are notes recorded in any medium by a health care provider who is a mental health professional that documents or analyzes the contents of conversation during a private counseling session or a group, joint, or family counseling session.

Treatment – The provision, coordination, or management of health care and related services by one or more health providers. This includes consultation between health care providers relating to a patient, or the referral of a patient from one health care provider to another.

Payment – Activities to obtain reimbursement for health care services which may include determinations for eligibility or coverage, billing, claims management, collection activities, and utilization review.

Health Care Operations – A broad category of activities ranging from quality assessment and utilization review to conducting or arranging for medical reviews, legal services, auditing functions, business planning, and administrative services.

Breach – A use or disclosure of you PHI in violation of the HIPAA Privacy Rule.

USES AND DISCLOSURES

The law protects the privacy of all communications between a patient and a psychologist. In most situations, we can only release information about your treatment to others if you sign a written Authorization Form, as described below:

- Any request for information that is not part of billing procedures for claims processing (i.e., school or employer).
- PHI in a way that is not described in this notice.
- Psychotherapy notes (require a separate authorization from releasing the Clinical Record).

There are some situations however, that require only written, advanced consent (services that include payment, treatment, and health care operations). *Your signature on this Agreement provides consent for those activities as follows:*

- We may occasionally find it helpful to consult with other health and/or mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patient. The other professionals are also legally bound to keep information confidential. All consultations will be noted in your Clinical Record (PHI), and will only be shared if we feel that it is important to our work together.
- We practice with other mental health professionals and we employ administrative staff. Often times, we need to share PHI with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without seeking adequate permission.
- We also have contracts with a billing service. As required by HIPAA, we have a formal Business Associate Contract with this service, which promises to maintain the confidentiality of information except as specifically allowed in the contract or otherwise required by law. You are entitled to receive the names of this business and/or a blank copy of the contract if you wish.
- Your contract with your health insurance company requires that we provide information relevant to the services provided to you. We are also required to provide a clinical diagnosis, and sometimes treatment plans, summaries, or even complete Clinical Records. In such situation, every effort will be made to release only the minimum information necessary for the requested purpose. This information will then become part of the insurance company files and will most likely be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases they may share the information with a national medical databank. You will be provided with a copy of any report submitted, upon your request. **Please note: Although Psychotherapy Notes are separate from your Clinical Record and are protected from health insurers, insurer can refuse to pay for services without sufficiently documented necessity.**
- If a patient threatens to harm him/herself, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where we are permitted or required to disclose information without either your consent or authorization. The most common (but not all) of these situations are described as follows:

- If you are involved in Court proceedings, we are obligated to release information concerning the professional services that we provided to you as long as there is a Court order to do so. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a Court would be likely to order us to disclose information. If a government agency is requesting the information for health oversight activities, we may be required to provide such information.
- If the Department of Health and Human Services is requesting information of our office's compliance with HIPAA regulations, we may disclose relevant information.
- If a patient files a complaint or a lawsuit against a member of our practice, we may disclose relevant information regarding that patient in order to defend said member.
- If we are providing treatment for conditions directly related to a Worker's Compensation claim, we may have to submit such records, upon appropriate request, to the Chairman of the Worker's Compensation Board.

There are some situations in which we are legally obligated to take actions necessary to attempt to protect others from harm. In such events, we may have to reveal some information about a patient's treatment. However, these situations are unusual in our practice but are described as follows:

- If we receive information from a child, parents, guardians, or other custodians of that child that gives reasonable cause to suspect abuse or neglect, the law requires that we report to the appropriate government agency. Once such a report is filed, we may be required to provide additional information.
- If a patient communicates an immediate threat of serious physical harm to an identifiable victim, we may be required to take protective actions. These may include notifying the potential victim, contacting authorities, or seeking hospitalization for the patient.

If any of the aforementioned situations arises, we will make every effort to fully discuss it with you before taking any action. We will also limit our disclosure to what is minimally necessary.

INDIVIDUAL PATIENT RIGHTS

HIPAA law provides you with several expanded right with regard to your Clinical Record and disclosures of PHI. These rights include:

- The right to receive a paper copy of this Agreement and Privacy Notice upon request.
- The rights to access, inspect, copy, or request an amendment to your Clinical Record.
- The right to request restrictions on what information from your Clinical Record is disclosed to others.
- The right to receive confidential communications of PHI, such as appointment reminders, information about treatment alternatives, or other health related benefits and services that may be of interest.
- The right to determine the location of which protected information disclosures are sent.
- The right to request an account of instances where your PHI was disclosed for purposes other than treatment, payment, or health care operations, or if a signature was not required in order to make the disclosure.
- The right to make a formal complaint, either to our office or the Secretary, in the event that you believe your privacy rights have been violated, and to have any complaints that you make in regards to our policies or procedures filed in your records. *You will not be retaliated against for doing so.*
- The right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for services.
- The right to be notified if a) there is a breach, b) that PHI has not been encrypted to government standards, and c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or that may arise in the future. If you do come across any questions or concerns, please feel free to contact Lisa Fellingner (Privacy Officer) at our office by telephone (716)-636-1375, e-mail eapg9750@gmail.com, or personally during office hours. The laws governing confidentiality can be quite complex, and we are not attorneys. You are recommended to seek formal legal advice may it be necessary.

Effective July 25, 2019