

LANCASTER PSYCHOTHERAPY

313 Liberty Street, Suite 223 Lancaster, PA 17603

Susan Cabouli, Ph.D., Clinical Psychologist, License # PS006748L

October 1, 2017

To my clients:

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

Notice of Privacy Practices

It is very important that I guard the privacy of clients I see in my practice. Both federal and state laws as well as my profession all require that I observe certain laws to keep my clients' information private. Because the rules of these laws are complicated, some parts of this Notice are detailed and you may have to read them several times to understand them. If you still have any questions, I am happy to help you understand both the extent and the limits of your rights to confidentiality in our work together.

Introduction

This Notice will tell you how I handle information about you. It explains how I use this information, how I share it with other professionals and organizations, and how you can see it. I want you to know this so that you can make the best decisions for yourself and your family. I am also required to tell you about these issues because of the privacy regulations of a federal law, called the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law and the laws of this state are very complicated. I have attempted to simplify the following information and to include only those parts of HIPAA that may apply to you. If you have any questions or want to know more about anything in this Notice, please ask me for more explanation or details.

Your medical information

Each time you visit me or any doctor's office, hospital, clinic, or any other "healthcare provider," information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the treatment or other services you received from me or from others, or about payment for healthcare. The information I collect from you is called Protected Health Information, or PHI. This information

goes into your medical or healthcare record on file at my office. Your PHI at my office is likely to include these kinds of information:

- Your personal information such as date of birth, social security number, phone number, address, email address, drivers license number, dates of service
- Your history as a child, in school and at work, and marital and personal history
- Reasons you came for treatment such as your problems, complaints, symptoms, needs and goals
- Diagnoses, which are the medical terms for your problems or symptoms
- Treatment plans that detail treatment and other services which we think will best help you
- Progress notes. Each time you see me, I write down some things about how you are doing, what I observe about you and what you tell me
- Records I receive from others who evaluated or treated you
- Psychological test scores, school records, etc.
- Information about medications you have or are taking
- Legal matters

This is not a complete list of the different kinds of information that go into your healthcare record in my office, but are examples of the kinds of information I collect.

I use your PHI for many purposes. Some examples of how I may use it are:

- To plan your care and treatment
- To decide how well my services are working for you
- To refer to when I talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to me
- To show that you actually received the services from me, which I billed you
- For teaching and training other healthcare professionals, without using any identifying information
- For medical or psychological research, with your written and informed consent
- For public health officials trying to improve health care in this country, without any identifying information
- To improve the way I do my job by measuring the results of our work

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. I may need to be present to answer any questions or concerns you may have. If you want a copy, I can usually make one for you but may charge you for the costs of copying (and mailing if you want it mailed to you). In some situations you cannot see all that is in your records. If you find anything in your records that you think is incorrect, or something important is missing, you can ask me to amend (add information to) your record, although in some rare situations I do not have to agree to do that. Please let me know if you want me to explain more about this to you.

Privacy and the laws

The HIPAA law requires me to keep your PHI private and to give you this notice of my legal duties and my privacy practices, which is called the Notice of Privacy Practices, or NPP. I will obey the rules of this Notice as long as it is in effect, but if I change it, the rules of the new NPP will apply to all of the PHI I keep. If I change the NPP I will post the new Notice in my office where everyone can see it. You can get a copy from me at anytime. It is also posted on my website at lancasterpsychotherapy.com

How your protected health information can be used and shared

Personal information that you share with me, that I read about, or that is part of our work together in my office, is what the law calls, "use." I keep records of your personal information in a separate chart in my office. Your chart with all of my clients' charts are kept in a locked closet, filing cabinet or drawer in my office. Information that is shared with or sent to others outside my office, is what the law calls, "disclosure." Except in some special circumstance, when I use your PHI in my office or disclose it to others, I share only the minimum PHI necessary for a given purpose. The law gives you the right to know about your PHI, how it is used, and to have a say in how it is disclosed.

I use and disclose PHI for several reasons. Mainly, I will use and disclose (share) it for routine purposes and I will explain more about these purposes below. For most uses I must tell you about them and have a written Authorization Form signed by you, unless the law requires me to make the use or disclosure without your authorization.

Uses and disclosure of PHI in healthcare with your consent

After you have read this Notice, you will be asked to sign a separate Consent Form to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share your

PHI with other people or organizations to provide **Treatment** to you, arrange for **Payment** for my services, or some other business functions called health care **Operations**. Together these routine purposes are called **TPO** and the Consent Form allows me to use and disclose your PHI for TPO. However, even with your signature on the Consent Form, I only disclose your PHI with your written consent, except where the law requires me to disclose information. I will also obtain an authorization for you before using or disclosing:

- PHI in a way that is not described in this Notice.
- Psychotherapy notes

For treatment, payment or health care operations (TPO)

I need information about you and your condition to provide care to you. You must agree to let me collect the information and to use it and share it as necessary to give you proper care. Federal regulations require that you sign the Consent Form before I begin to treat you, except in emergency situations.

As the previous section explains, my use or disclosure of your PHI will generally be for three purposes: treatment, obtaining payment, and what are called healthcare operations. These three purposes will now be explained more fully.

For treatment. I use medical information to provide you with psychological treatment or services. These might include individual or family therapy; psychological, educational, or vocational testing; treatment planning, or measuring the effects of my services.

The following are some examples of how I use and disclose your PHI for treatment. I may share or disclose your PHI with your prior written consent to others who also provide treatment to you. I am likely to ask to share your information with your personal physician. I may refer you to other professionals for services I cannot offer, such as special testing or treatments. When I do this, I need to tell them some things about you and your conditions, but first I require your written consent. I will get their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them with your written consent.

For payment. I may use your information to bill you or others to be paid for the treatment I provide to you. I will always give the minimum amount of information required to obtain payment. I may have to tell them about your diagnoses, what treatment you have received,

and what I expect as I treat you. I may also need to tell them about when we met, your progress, provider treatment plan, and other similar things.

For health care operations. There are some other ways I may use or disclose your PHI which are called health care operations. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies without identifying information so they can study disorders and treatment and make plans for services that are needed. If I do this, your name and identity will be removed from what I send.

Other uses in healthcare

Appointment reminders. I may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work or prefer some other way to reach you such as by email, I usually can arrange that. Please tell me.

Treatment alternatives. I may use (or disclose with your written consent) your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.

Other Benefits and Services. I may use (or disclose with your written consent) your PHI to tell you about health-related benefits or services that may be of interest to you.

Research. I may use or share your information to do research and improve treatments. For example, I may compare two treatments for the same disorder to see which works better, faster or costs less. In all cases your name, address and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are, I will discuss the research project with you and you will have to sign a special Authorization Form before any information is shared.

Business Associates. Businesses that I hire to do a job for me are called by the law, my Business Associates. For example, if I decide to use a billing service, that business would need some of your PHI to perform that job for me. To protect your privacy, they would be required to agree in their contract with me to safeguard your information.

Uses and disclosures requiring your authorization

If I want to use your information for any purpose beside the TPO or those I described above,

I need your permission on an Authorization Form. If you would like me to send any of your PHI outside of my office, you will need to sign an Authorization Form.

If you authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time I will not use or disclose your information for the purposes that we had previously agreed to. Of course, I cannot take back any information that I had already disclosed with your permission or that I had used in my office.

Uses and disclosure of PHI that do NOT require consent of authorization

The law requires me to use and disclose some of your PHI without your consent or authorization in some cases:

- If I have a reasonable suspicion or knowledge of child abuse
- If you are involved in a lawsuit or legal proceeding and I receive a court order, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- I have to release (disclose) some information to government agencies which check on me to see that I am obeying the privacy laws.
- For law enforcement purposes. I may release PHI if asked to do so by a law enforcement official to investigate a crime or criminal.
- For public health activities. I might disclose some of your PHI to agencies which investigate diseases or injuries.
- Relating to decedents. I might disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.
- For specific government functions. I may disclose PHI of military personnel and veterans to governmental benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.
- To prevent a serious threat to health or safety. If I come to believe that there is a serious threat to your health or safety or that of another person or the public, I can disclose some of your PHI. I will only do this to persons who can prevent the danger.
- In the event of disaster. I may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosure

to notify, or assist in the notification of (including identifying or locating) a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death.

Uses and disclosures requiring you to have an opportunity to object

I can share information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose and indicate through an Authorization Form, such as close friends or clergy. I will ask you about who you want me to tell what information about your condition or treatment. You can tell me what you want and I will honor your wishes as long as it is not against the law.

In an emergency. In the event that I cannot ask if you disagree, I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information, in an emergency, I will tell you as soon as I can. If you do not approve I will stop, providing that I am not violating the law.

Right to restrict disclosures. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for your services. You also have the right to restrict any Authorized disclosure of your PHI in writing at any time. I may revoke this restriction upon receipt if the restriction does not follow PA Mental Health State Law of HIPAA requirements.

Right to be notified if there is a breach of your unsecured PHI. You have a right to be notified if (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Right to be informed of disclosures

When I disclose your PHI, I keep records to whom I sent it, when I sent it, and what I sent. You can get a list of many of these disclosures.

Right to inspect

You have the right to inspect any record I am keeping regarding your care. It is my policy to oblige this request to the best of my ability. Please note that I reserve the right to deny

inspections of part of the entire record if I find that the inspection may be detrimental to your health or safety or the health and safety of others.

Right to amend

You have the right to request an amendment to your records in writing. I will carefully investigate the request for the amendment. This amendment request will be filed in your chart with the information that is requested to be amended. I have the right to deny the amendment if it does not comply with Ethical requirements, HIPPA requirements and/or State Law requirements.

If you have questions or problems about the privacy practices described above, please speak to me. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact me. You also have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. I promise that I will not in any way limit your care here or retaliate against you if you complain or request changes.

If you have any questions regarding this Notice or my health information privacy policies, please contact me by telephone at (717) 475-7263.

The effective date of this Notice is October 1, 2017.