

## Notice of Neuropsychology Service, P.A. Policies and Practices to Protect the Privacy of Your Health Information

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.

Terms such as "we," "our," or "us" refer to the group practice of Neuropsychology Service, P.A., as well as any of its individual neuropsychologists (doctors) or authorized administrative staff.

### I. Uses and disclosures for treatment, payment and health care operations

We may use or disclose your protected health information (PHI) for treatment, payment and health care operations purpose 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" is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be consultation with another health care provider such as your family physician or another psychologist.
- "Payment" is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain payment for your health care, or 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, case management and care coordination.
- "Use" applies only to activities within this practice group, such as employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside this practice group, such as releasing, transferring or providing access to information about you to other parties.
- "Authorization" is your written permission to disclose confidential health or mental health information that we have in our possession. All authorizations to disclose must be on a specific, legally-required form.
- "Psychotherapy Notes" are notes that may have been made about the conversation between you and your psychotherapist during a private, group, joint or family counseling/therapy session, which has been kept separate from the rest of your PHI record. These notes have a greater degree of protection than PHI. The interview between you and the doctor as part of a neuropsychological evaluation is *not* considered psychotherapy notes.

### II. Other uses and disclosures requiring authorization

- We 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 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. We will also need to obtain an additional authorization before releasing Psychotherapy Notes.
- 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) we have already released information relying on that authorization; or (2), if the authorization was obtained as a condition of obtaining insurance coverage, law may provide the insurer the right to contest the claim under the policy.

### III. Uses and disclosures without authorization

We may use or disclose your PHI *without* your consent or authorization in the following circumstances:

- Child abuse – If the doctor knows or has reasonable cause to suspect that a child has been abused or neglected, he/she must report the matter to the appropriate authorities as required by law.
- Adult and domestic abuse – If the doctor suspects that an adult has been abused, neglected, or exploited and has reasonable cause to suspect that the adult is incapacitated or dependent, he/she must report the matter to the appropriate authorities as required by law.
- Health oversight activities – We may disclose PHI to the Maine Board of Examiners of Psychologists, or one of its representatives, pursuant to standards or regulations for regulation, accreditation, licensure or certification.
- Judicial and administrative proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or 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. You will be informed in advance if this is the case.

- Serious threat to health or safety – If, in the doctor’s reasonable professional judgment, he/she believes that you pose a direct threat of imminent harm to the health or safety of any individual, including yourself, he/she may disclose PHI to the appropriate persons.
- Worker’s Compensation – We may disclose PHI 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 duties

##### PATIENT’S RIGHTS

- Right to request restrictions. You have the right to request restrictions on certain uses and disclosures of PHI. However, the doctor is not required to agree to a restriction you request.
- Right to receive confidential communication by alternative means and at alternative locations. You have the right to request and receive confidential communications of your PHI by alternative means and locations. For example, you may not want a family member to know that you are seeing one of us. On your request, we will send your bills to another address.
- Right to inspect and copy. You have the right to inspect or obtain a copy (or both) of 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. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, the doctor will discuss with you the details of the request and denial process.
- Psychotherapy Notes. We must permit you to request access to inspect and/or obtain a copy of Psychotherapy Notes, unless the doctor believes that such access would be detrimental to your health. If you are denied access to Psychotherapy Notes, it is possible upon presentation of a written authorization signed by you that such notes or a “narrative” of the notes may be made available to your “authorized representative.” On your request, the doctor will discuss with you the details of the request and denial 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. The doctor may deny your request. On your request, the doctor 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 your PHI. On your request, we will discuss with you the details of our accounting process.
- Right to a paper copy. You have the right to obtain a paper copy of this notice from us.

##### PSYCHOLOGIST’S DUTIES

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you by mail within the time period that your existing authorizations are still in effect. Thereafter, we will notify you of changes only when you request additional disclosures of your PHI.

#### V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact:

Maine Board of Examiners of Psychologists  
State House Station 35  
Augusta Maine 04333

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

**VI. Effective date:** This notice will go into effect on August 1, 2003.