

## **Notice of Policies and Practices to Protect the Privacy of Your Health Information (HIPPA)**

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.

### **ANBH Uses and Disclosures for Treatment, Payment, and Health Care Operations**

ANBH 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 we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when ANBH consults with another health care provider, such as your family physician or another mental health provider.
  - *Payment* is when ANBH obtains reimbursement for your healthcare. Examples of payment are when ANBH discloses your PHI 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 the practice. Examples of health care operations 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 the practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *“Disclosure”* applies to activities outside of the practice, such as releasing, transferring, or providing access to information about you to other parties.
- *“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**

ANBH 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 ANBH is asked for information for purposes outside of treatment, payment, or health care operations, ANBH will obtain an authorization from you before releasing this information. ANBH will also need to obtain an authorization before releasing your Psychotherapy Notes. *“Psychotherapy Notes”* are notes ANBH made about a conversation during a private, group, joint, or family counseling session, which ANBH 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) ANBH 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**

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

- *Child Abuse* – If ANBH have reasonable cause to believe a child known to us in our professional capacity may be an abused child or a neglected child, ANBH must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – If ANBH have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, ANBH must report this belief to the appropriate authorities.
- *Health Oversight Activities* – ANBH 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 ANBH must not release such information without a court order. ANBH can release the information 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 us a specific threat of imminent harm against another individual or if ANBH believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, ANBH may make disclosures that ANBH believes is necessary to protect that individual from harm. If ANBH believe that you present an imminent, serious risk of physical or mental injury or death to yourself, ANBH may make disclosures we consider necessary to protect you from harm.
- *Worker's Compensation* – ANBH 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 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, ANBH 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 us. On your request, ANBH will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy 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 and Psychotherapy Notes. On your request, ANBH 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. ANBH may deny your request. On your request, ANBH 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, ANBH will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

##### Psychologist's Duties:

- ANBH is 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.
- ANBH reserve the right to change the privacy policies and practices described in this notice. Unless ANBH notify you of such changes, however, ANBH is required to abide by the terms currently in effect.
- If ANBH revise its policies and procedures, ANBH will provide you with the changes either by giving you the revisions in person or by mail.

#### **V. Complaints**

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

ANBH  
PO Box 594  
Westtown, PA 19395

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

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

ANBH reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that ANBH maintain. ANBH will then provide you with the revisions either by giving them to you in person or by mail.

By signing below, you acknowledge understanding of the above HIPPA polices.

\_\_\_\_\_  
**Patient name-printed**

\_\_\_\_\_  
**Patient signature**

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

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