

Notice of Privacy Practice

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

I. Description of This Notice

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

II. Our Privacy Obligations

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices described in this notice while it is in effect. We reserve the right to change our privacy policy and the terms of this notice at any time, as permitted by applicable law. You may request a copy of our current Notice of Privacy Practices at any time.

III. Permissible Uses and Disclosures of Protected Health Information Without Written Authorization

A. Uses and Disclosures for Treatment, Payment, and Health Care Operations

- **Treatment**-We are permitted to use and disclose your health information within The Psychology Clinic as necessary to provide you with the appropriate treatment and services. We are permitted to disclose your private health information to health care providers outside The Psychology Clinic as necessary for those providers to provide you with clinical treatment services.
- **Payment**-We are permitted to use and disclose your private health information to obtain payment for your health care services. For example, our billing department may release private health information to your health insurer to allow the insurer to pay us or reimburse you for your treatment. We also may release private health information to emergency responders to allow them to provide services and to obtain payment or reimbursement for services provided to you, for example: police, sheriff's department, or ambulance services.
- **Health Care Operations**-We are permitted, as needed, to use and disclose your private health information for activities that related to the perforations and operation of The Psychology Clinic. Examples of health care operations include: quality assessment and improvement activities, business-related matters, such as audits and administrative services as well as case management and care coordination. We may use your private health information to ensure that we are complying with all federal and state compliance requirements.

B. Other uses and Disclosures Not Requiring Consent nor Authorization

We are authorized to use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse**-If we have reason to believe that a child's physical or mental health or welfare is endangered as a result of abuse or neglect, or that abuse or neglect was a contributing factor in a child's death, we must report this belief to the Louisiana Department of Social Services.
- **Adult and Domestic Abuse**- If we have reason to believe that an adult's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect or exploitation, we must report this belief to the appropriate authorities as required by law. Please note that the term "adult", for the purposes of this section, means any person sixty years or older, any disabled person eighteen years of age or older, or an emancipated minor.
- **Health Oversight Activities**-The Louisiana Board of Examiners of Psychologists may subpoena records relevant to its disciplinary proceedings and investigations.
- **Judicial and Administrative Proceedings**-If you are involved in a court proceeding and a request is made for information about your diagnoses and treatment and the records thereof, such information is privileged under state law, and we will not release information without your written authorization or a court order. In the event of your death, your legally appointed representative will be given access if a suit is brought on behalf of the estate. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. We will inform you in advance if this is the case.
- **Serious Threat to Health or Safety**-If you communicate to us a threat of physical violence, which we deem to be significant, against a clearly identified victim or victims, coupled with the apparent intent and ability to carry out such threat, we are required to

take reasonable precautions to provide protection from the violent behavior. These precautions include communication the treat to the potential victim(s) and notifying law enforcement.

- **Worker's Compensation**-If you file a worker's compensation claim and we have treated you relevant to that claim, we must disclose any requested medical information and records relative to your injury to your employer, a licensed and approved vocational rehabilitation counselor assigned to your claim, another health care provider examining you, or to the worker's compensation insurer.

- **Incidental Disclosures**-Certain incidental disclosures of your private health information occur as a byproduct of lawful and permitted use and disclosure of your private health information. These incidental disclosures are permitted if The Psychology Clinic applies reasonable safeguards to protect your private health information.

C. Uses and Disclosures Permissible Unless You Object

- **Family or Friends involved in your care**- Mental health professionals, using their best judgment, may disclose to a family member or close personal friend, or anyone else you identify, private health information relevant to that person's involvement in your care. We may also give information to someone who helps pay for your care. If you do not want us to make these disclosures you must notify us and sign a written Restriction for Use and Disclosure Form.

- **In the Event of a Disaster**-We may disclose private health information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care and so that your family can be notified about your condition and location. If you do not want us to make these disclosures, you must notify the mental health professional providing your care and a written Restriction for Use and Disclosures or Private Health Information Form needs to be signed.

- **Appointment Reminders**-We may use and disclose appointment information to contact you as a reminder that you have an appointment for treatment or clinical care at The Psychology Clinic.

IV. Uses and Disclosures Requiring Your Authorization

Other uses and disclosures for purposes other than described above require your expressed authorization. For example, The Psychology Clinic must obtain your authorization before disclosing your private health information to a life insurer or to an employer, except under special circumstances such as when disclosure to the employer is required by law. You have the right to revoke an authorization at any time, except to the extent we have already relied on it in making an authorized use or disclosure. Your revocation of an authorization must be submitted in writing.

V. Disclosures to Business Associates

The Psychology Clinic contracts with outside companies that perform services for us, such as accountants, attorneys, medical transcriptionists, collection agencies, and computer technicians. In certain circumstances, a business associate may need to have access to your private health information so they can perform a service on our behalf. The Psychology Clinic will limit the disclosure of your information to a business associate to the minimum amount of information necessary for the company to perform services for The Psychology Clinic. In addition, we will have a written contract in place with the business associate requiring it to protect the privacy of your private health information.

VI. Your Health Information Rights

You have the right, in writing, to request to inspect and copy your health records, amend your clinical record, receive confidential communications by alternative means and at an alternative location, request additional restrictions, or request an account of disclosures. We will honor all reasonable requests, however, in some circumstances your request may be denied. Should this occur, you will receive a denial in writing and you have the right to respond in writing to our denial.

VI. Questions and Complaints

If you have any questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact our Privacy Officer or direct a complaint to the U.S. Department of Health and Human Services. Rest assured that we would not retaliate against you for exercising your right to file a complaint.

VII. Effective Date and Duration of this Notice

A. Effective Date-This notice is effective on April 14, 2003.

B. Right to Change Terms of this Notice- We reserve the right to change our health information practices and the terms of this Notice, and to make the new provisions effective for all protected health information we maintain, including health information created or received prior to the effective date of any such revised notice. If we revise our health information practices, we will post the revised notice in our office and make the revised notice available to you at your request.