

PATIENT NOTIFICATION OF PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”); the keeping and use of patient records (“privacy rules”); and, storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including mental health care. Providers and health care agencies throughout the country are now required to provide patients a notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers.

As you might expect the HIPAA law and regulations are extremely detailed and difficult to grasp if you don’t have formal legal training. Our Patient Notification of Privacy Rights is our attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document as it is important you know what patient protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship; and, as such, you will find we will do all we can to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask us for further clarification.

By law, we are required to secure your signature indicating you have received this Patient Notification of Privacy Rights document. Thank you for your thoughtful consideration of these matters.

I understand and have been provided a copy of Christian Psychological Center’s Patient Notification of Privacy Rights document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand I have the right to review this document before signing this acknowledgement form.

Print Name of Patient/Client

Account Number

Signature of Patient/Client *or* Parent if Minor *or* Legal Charge

Date

Relationship to Patient/Client of Person Signing Notification: _____

If Legal Charge, describe representative authority: _____

COPY FOR PATIENT (CLIENT)

Christian Psychological Center, Inc.

THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

I. Preamble

The Psychology Licensing Law provides extremely strong privileged communication protections for conversations between your Psychologist and you in the context of your established professional relationship with your psychologist. There is a difference between privileged conversations and documentation in your mental health records. Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information is to be included in your “designated medical record” as well as some material, known as “Psychotherapy Notes”. Psychotherapy notes are not accessible to insurance companies and other third-party reviewers and in some cases not to the patient himself/herself.

HIPAA provides privacy protections about your personal health information that could personally identify you. This protection referred to as “protected health information” or PHI consists of three (3) components: *treatment, payment, and health care operations*.

Treatment refers to activities in which therapists provide, coordinate, or manage your mental health care or other services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your medication or overall medical condition.

Payment is when Christian Psychological Center (CPC) obtains reimbursement for your mental health care. The clearest example of this parameter is filing insurance on your behalf to help pay for some of the costs of the mental health services provided you.

Health care operations are activities related to the performance of our practice such as quality assurance. In mental health care, the best example of health care operations is when utilization review occurs, a process in which your insurance company reviews our work together to see if your care is “really medically necessary.”

The *use* of your protected health information refers to activities our office conducts for filing your claims, scheduling appointments, keeping records, and other tasks *within* our office related to your care. *Disclosures* refer to activities you authorize which occur *outside* our office such as the sending of your protected health information to other parties (i.e., your primary care physician; the school your child attends).

II. Uses and Disclosures of Protected Health Information Requiring Authorization

Tennessee requires authorization and consent for treatment, payment, and health care operations. HIPAA does nothing to change this requirement by law in Tennessee. Your therapist may disclose PHI for the purposes of treatment, payment, and health care operations with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations,

authorizing us to provide treatment and to conduct the administrative steps associated with your care (i.e., file insurance for you).

Additionally, if you at any time you request that we send any of your protected health information of any sort to anyone outside our office, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon request. This requirement of signing an additional authorization form is an added protection to help insure your protected health information is kept strictly confidential. An example of this type of release of information might be your request that your therapist talk to your child's schoolteacher about his/her ADHD condition and what this teacher might do to be of help to your child. Before your therapist talks to that teacher, you will have first signed the proper authorization for him/her to do so.

There is a third, special authorization provision potentially relevant to the privacy of your records: your counselor's psychotherapy notes. In recognition of the importance of the confidentiality of conversations between psychologist and patient in treatment settings, HIPAA permits keeping "psychotherapy notes" separate from the overall "designated medical record." "Psychotherapy notes" cannot be secured by insurance companies nor can insurance companies insist upon their release for payment of services as has unfortunately occurred over the last two decades of managed mental health care. "Psychotherapy notes" are your therapist's notes "recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group, or joint family counseling session and that are separated from the rest of the individual's medical record." "Psychotherapy notes" are necessarily more private and contain much more personal information about you hence, the need for increased security of the notes. "Psychotherapy notes" are not the same as your "progress notes" which provide the following information about your care each time you have an appointment at CPC: medication prescriptions and monitoring, assessment/treatment start and stop times, the modalities of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

Certain payors of care, such as Medicare and Workers Compensation, require the release of both your progress notes and your therapist's psychotherapy notes in order to pay for your care. If your therapist is forced to submit your psychotherapy notes in addition to your progress notes for reimbursement for services rendered, you will sign an additional authorization directing your therapist to release their psychotherapy notes. Most of the time your therapist will be able to limit reviews of your protected health information to only your "designated record set" which includes the following: all identifying paperwork you completed when you first started your care here, all billing information, a summary of your first appointment, your mental status examination, your individualized comprehensive treatment plan, your discharge summary, progress notes, reviews of your care by managed care companies, results of psychological testing, and any authorization letters or summaries of care you have authorized your therapist to release on your behalf. Please note that the actual test questions or raw data of psychological tests, which are protected by copyright laws and the need to protect patients from unintended, potentially harmful use, are not part of your "designated mental health record."

You may, in writing, revoke all authorizations to disclosure protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed your therapist to do or if the authorization was obtained as a condition for obtaining insurance and Tennessee law provides the insurer the right to contest the claim under the policy.

III. Business Associates Disclosures

HIPAA requires that CPC train and monitor the conduct of those performing ancillary administrative services for our practice and refers to these people as “Business Associates”. In our practice, “business associates” in our office are our auditing firm, the cleaning crews, our computer consultants, and our telephone answering service. In compliance with HIPAA, CPC has signed a formal contract with these business associates that very clearly defines the importance of the protection of your mental health information as an absolute condition for employment. CPC trains them in our privacy practices, monitors their compliance, and corrects any errors, if they should occur.

IV. Uses and Disclosures Not Requiring Consent nor Authorization

By law, protected health information *may* be released without your consent or authorization concerning:

- Child abuse
- Suspected sexual abuse of a child
- Adult and Domestic abuse
- Health Oversight Activities (i.e. licensing board for Psychology in Tennessee)
- Judicial or Administrative proceedings (i.e. if you are ordered here by the court for an independent child custody evaluation in a divorce)
- Serious Threat to Health or Safety (i.e. our “Duty to Warn” Law; national security threats)
- Workers Compensation Claims (If you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/ or insurers.)

We never release any information of any sort for marketing purposes.

V. Patient’s Rights and My Duties

You have a right to the following:

- *The right to request restrictions* on certain uses and disclosures of your protected health information to which your therapist may or may not agree; but, if he or she does, such restrictions shall apply unless our agreement is changed in writing;
- *The right to receive confidential communications by alternative means and at alternative locations.* For example, you may not want your bills sent to your home address so CPC will send them to another location of your choosing;
- *The right to inspect and copy* your protected health information in your therapist’s designated mental health record set and any billing records for as long as protected health information is maintained in the record;
- *The right to amend* material in your protected health information, although your therapist may deny an improper request and/or respond to any amendment(s) you make to your record of care;
- *The right to an accounting of nonauthorized disclosures* of your protected health information;

- *The right to a paper copy* of notices/information from CPC even in you have previously requested electronic transmission of notices/information; and
- *The right to revoke your authorization* of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask your therapist for further assistance on these matters. CPC is required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and our duties regarding your PHI. We reserve the right to change our privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of our policies when you come for your future appointment(s). Our duties as Psychologists on these matters include maintaining the privacy of your protected health information, to provide you this notice of your rights, and our privacy practices with respect to your PHI, and to abide by the terms of this notice unless it is changed and you are so notified. If for some reason you desire a copy of our internal policies for executing privacy practices, please let our Business Administrator know and we will get you a copy of these documents we keep on file for auditing purposes.

VI. Complaints

Our Business Administrator is the appointed “Privacy Officer” for our practice per HIPAA regulations. If you have any concerns of any sort that our office may have somehow compromised your privacy rights, please do not hesitate to speak to her and/or your therapist immediately about this matter. You will always find our Business Administrator or your therapist willing to talk to you about preserving the privacy of your protected mental health information. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VII. This notice shall go into effect April 14, 2003, and remain so unless new notice provisions effective for all protected health information are enacted accordingly.