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## Notice of Privacy Practices (NPP)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and my professional ethics. Because the rules are so complicated some parts of this Notice are very detailed and you probably will have to read them several times to understand them. If you have any questions, as the Privacy Officer, I will be happy to help you understand my procedures and your rights.

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### A. Introduction – To our Clients

This Notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. Because the laws of this state and the laws of the federal government are very complicated and I don't want to make you read a lot that may not apply to you, I have removed a few small parts. If you have any questions or want to know more about anything in this Notice, please ask me, the Privacy Officer, for more explanations or more details.



## B. What I mean by your medical information

Each time you visit us at LifeSpire, LLC or any doctor's office, hospital, clinic, or any other, what are called healthcare providers, 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 tests and treatment you received from me or from others, or about payment for healthcare. The information we collect from you is called, in the law, PHI, which stands for **Protected Health Information**. This information goes into your **medical or healthcare record** or file at office.

In this office, this PHI is likely to include these kinds of information:

- Your history. As a child, in school and at work, marriage and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, or needs.
- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. A list of the treatments and any other services which we think will be best to help you.
- Progress notes. Each time you come in we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters
- Billing and insurance information.

This list is just to give you an idea of the types of information. There may be other kinds of information that go into your healthcare record here.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to us.
- To show that you actually received the services from us which we billed to you or to your health insurance company.
- For teaching and training other healthcare professionals.
- For public officials trying to improve health care in this area of the country.



- To improve the way we do our 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 read it and if you want a copy, we can make one for you (but may charge you for the costs of copying and mailing, if you want it mailed to you.) In some very rare situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing you can ask us to amend (add information to) your record although in some rare situations, we don't have to agree to do that. If you want, we can discuss this further.

## C. Privacy and the laws

We are also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires us to keep your Personal Healthcare Information (or PHI) private and to give you this notice of our legal duties and our privacy practices, which is call the **Notice of Privacy Practices** (or **NPP**). We will obey the rules of this notice as long as it is in effect but if we change it, the rules of the new NPP will apply to all of the PHI we keep. If we change the NPP, we will post the new Notice in our office where everyone can see. You or anyone else can also get a copy from us at any time.

## D. How your protected health information can be used and shared

When your information is read by your psychotherapist or others in this office and used by us to make decisions about your care that is called, in the law, **use**. If the information is shared with or sent to others outside this office, that is called, in the law, **disclosure**. Except in some special circumstances when we use your PHI here or disclose it to others we share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed (shared) and so we will tell you more about what we do with your information.

We use and disclose PHI for several reasons. Mainly, we will use and disclose it for routine purposes to provide for your care and I will explain more about these below. For other uses, we must tell you about them and have a written Authorization from you unless the law lets or requires us to make the disclosure without your authorization. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

### 1. Uses and disclosures 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 us to use and share your PHI. In almost all cases we 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

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functions called health care **operations**. Together these routine purposes are called TPO and the Consent form allows us to use and disclose your PHI for TPO. Take a minute to re-read that last sentence until it is clear because it is very important. Next, I will tell you more about TPO.

## **a. For treatment, payment, or healthcare operations**

We need information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it to care for you properly. Therefore, you must sign the Consent form before we begin treatment. If you do not agree, we cannot treat you.

When you come to see us, we will collect information about you and all of it may go into your healthcare records here. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called the healthcare operations. Let's see what these mean in further detail below.

### **For treatment**

We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of our services.

We may share or disclose your PHI to others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team, we can share some of your PHI with them so that the services you receive will work together. We will coordinate care so that the treatment team works best for you in developing a Treatment Plan. We may refer you to other professionals or consultants for services that we cannot provide. When we do this, we need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

### **For payment**

We may use your information to bill you, your insurance, or others so we can be paid for the treatment we provide you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we meet, your progress, and other similar things.

### **For healthcare operations**

There are a few other ways we may use or disclose your PHI for what are called health care



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operations. For examples, we may use your PHI to see where we can make improvements in care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

## b. Other uses in healthcare

**Appointment Reminders.** We may use and disclose medical information to reschedule or remind you of appointments for treatment and other care. If you want us to call or write to you only at your home or your work or some other way to reach you, we can usually arrange that. Just tell us.

**Treatment Alternatives.** We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

**Other Benefits and Services.** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

## 2. Uses and disclosures that require your Authorization

If we want to use your information for any purpose besides the TPO or those described above, we need your permission on an **Authorization Form**. We don't expect to need this very often.

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

## 3. Uses and disclosures of PHI from mental health records that don't require a Consent or Authorization

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when we might have to share your information.

### When required by law

There are some federal, state, or local laws which require us to disclose PHI.

- We have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We 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.

- We have to disclose some information to the government agencies which check on us to see that we are obeying the privacy laws.

### **For Law Enforcement Purposes**

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

### **For specific government functions**

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to Workers Compensation and Disability Programs, to correctional facilities if you are an inmate, and for national security reasons.

### **To Prevent a Serious Threat to Health or Safety**

If we come to believe that there is a serious threat to your health or safety or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

## **4. Uses and disclosures where you have an opportunity to object**

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about who you want us to tell and what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency- so we cannot ask if you disagree – we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve, we will stop, as long as it is not against the law.

## **5. An accounting of disclosures**

When we disclose your PHI, we may keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

## **E. Your rights regarding your health information**

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home and not
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at work to schedule or cancel an appointment. We will try our best to do as you ask.

2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our arrangement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you. Contact me, the Privacy Officer, to arrange how to see your records. See below.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to me, the Privacy Officer. You must tell me the reasons for making the changes.
5. You have the right to a copy of this Notice. If we change this NPP, we will post the new version in the waiting area and you can always get a copy of the NPP from me, the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me, the Privacy Officer, and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

Also, you may have other rights which are granted to you by the laws of our state and these may be the same or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

## **F. If you have questions or problems**

If you need more information or have questions about the privacy practices described above, please speak to me, Privacy Officer, Jamie Bolton, PsyD. I can be reached by phone at (717) 745-6166 or email at [DrJamieBolton@LifeSpirePA.com](mailto:DrJamieBolton@LifeSpirePA.com).

The effective date of this notice is November 1, 2013.

Adapted from Edward Zuckerman's (2006) book entitled *HIPAA Help*, published by Three Wishes Press

