

**Notice of Policies and Practices Regarding
Protection and Privacy of Patient Health Information**

The following describes how psychological and medical information about you may be used and disclosed and how you can access your own information. Please review it carefully. I am committed to Health Information Privacy.

- I. Uses and Disclosures for Treatment, Payment, and Health Care Operations:** I am permitted to *use* or *disclose* your protected health information (PHI) for *treatment, payment, and health care operations*. To help clarify these terms, here are some definitions:

Use applies only to activities within my office that would involve sharing or examining information that identifies you.

Disclosure applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

PHI refers to information in your health record that could identify you.

Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider such as your physician or another psychologist.

Payment is when I obtain reimbursement for your healthcare. I would need to disclose certain PHI to your health insurer or other pay source to obtain reimbursement or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities and business related matters such as audits and administrative services.

Authorization is your written permission to disclose confidential health information.

- II. Other Uses and Disclosures Requiring Authorization:** I am permitted to use or disclose PHI for purposes outside of treatment, payment, or health care operations with your written authorization. You may revoke authorizations of PHI at any time in writing. You may not revoke authorization to the extent that 1) I have relied on your authorization already to provide specified information, or 2) that authorization was obtained as a condition of obtaining insurance coverage - the law provides the insurer the right to contest the claim under the policy.

- III. Uses and Disclosures without Authorization:** I am permitted and in some cases required to use or disclose your PHI without your consent in the following circumstances:

Child Abuse - If I know or have reasonable cause to suspect that a child has been/is being abused or neglected, I am required by law to report the matter to the appropriate authorities.

Adult and Domestic Abuse - If I suspect that an adult has been abused, neglected, or exploited and have reasonable cause to suspect that the adult in question is incapacitated or dependent, I am required by law to report the matter to the appropriate authorities.

Health Oversight Activities - I am permitted to disclose PHI to the Board of Examiners of Psychotherapists, or one of its designated 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 I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply to information obtained in the process of performing an evaluation ordered by the court or other third party. You will be informed in advance if this is the case.

Serious Threat to Health or Safety - If, in my professional judgment, I believe you pose a direct threat of imminent serious harm to the health or safety of any individual, including yourself, I may disclose necessary PHI to appropriate people.

Worker's Compensation - I 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 Psychotherapists Duties:

Patient's Rights with regard to PHI:

Right to Request Restrictions - You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction that 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, at your request, I will send bills or other PHI to an address other than your home.

Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of your PHI maintained by me for as long as the PHI is maintained by me. I am permitted to deny or limit your access under certain circumstances, but in some cases you could have such a decision reviewed. On your request, I will discuss with you the details of a request and denial process.

Right to Amend - You have the right to request an amendment of your PHI for as long as the PHI is maintained in the record. I am permitted to deny such a request. On your request, I 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. At your request, I will discuss with you the details of the accounting process.

Psychotherapists Duties with regard to PHI:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you with a paper copy of the revised notice on your next visit following the change or by mail if requested.

V. Questions/Complaints: If you have questions about this notice, disagree with a decision that I make with regard to your access to your records, or have other concerns about your privacy rights, please contact me. If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. That address is: Office of Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building -- Room 1875, Boston, MA 02203. Voice Phone (617) 565-1340, Fax (617) 565-3809, TDD (617) 565-1343.

VI. Effective Date, Restrictions, and Changes to Privacy Policy: This notice will go into effect on June 1, 2009. I reserve the right to change the terms of this notice and to make the new notice effective for all PHI that I maintain. I will provide you with a revised notice at your next visit following the change or by mail upon request.

I have received a copy of this notice for my records.

Client/ Legal Representative or Guardian signature
Date

Right to a Paper Copy- You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically. Please note: This same Notice of Privacy can be reviewed and downloaded from my website
Lillian Lennox LMHC: <http://lillianlennoxlmhc.net/>