



Notice of Privacy Practices

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.

I. Inwood Family Guidance & Psychological Services (IFGPS) Responsibility

The confidentiality of your personal health information is very important. Your health information includes records that your IFGPS therapist creates and obtains when s/he provides you care, such as a record of your symptoms, examination and test results, diagnoses, treatments, and referrals for further care. It also includes bills, insurance claims, or other payment information that IFGPS maintains related to your care.

This Notice describes how IFGPS handles your health information and your rights regarding this information. Generally speaking, IFGPS is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice of IFGPS' duties and privacy practices regarding your health information that IFGPS collects and maintains; and
- Follow the terms of the Notice currently in effect

II. My Contact Information

After reviewing this notice, if you need further information or want to contact IFGPS for any reason regarding the handling of your health information, please direct any communications to the following contact person:

Privacy Officer:

Michelle A. Bell, Licensed Psychologist
5030 Broadway, Suite #617
New York, NY
(917) 232-2248 (phone)

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

IFGPS may *use or disclose your protected health information (PHI), for treatment, payment, and health care operations* purposes with your *consent*. 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 IFGPS provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when an IFGPS therapist consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when IFGPS obtains reimbursement for your healthcare. Examples of payment are when IFGPS 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 IFGPS 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 IFGPS practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of IFGPS practice, such as releasing, transferring, or providing access to information about you to other parties.

IV. Uses and Disclosures Requiring Authorization

IFGPS may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when IFGPS is asked for information for purposes outside of treatment, payment, and health care operations, IFGPS will obtain an authorization from you before releasing this information. IFGPS will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your IFGPS therapist has made about conversations during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical 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) IFGPS has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

V. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse, Neglect, or Domestic Violence:** If, in the IFGPS therapist’s professional capacity, a child comes before her/him which s/he has reasonable cause to suspect is an abused, neglected, or maltreated child, or the IFGPS therapist has reasonable cause to suspect a child is abused, neglected, or maltreated where the parent, guardian, custodian, or other person legally responsible for such child comes before her/him in her/his professional or official capacity and states from personal knowledge, facts, conditions, or circumstances which, if correct, would render the child an abused, neglected, or maltreated child, the IFGPS therapist must report such abuse, neglect, or maltreatment to the statewide central register of child abuse and maltreatment, or the local child protective services agency. As required or permitted by law, IFGPS may disclose health information about you to a state or federal agency to report suspected domestic violence. Whenever feasible, IFGPS will promptly discuss with you the need for such a disclosure.
- **Communicable Diseases:** To the extent permitted or required by law, IFGPS may disclose information to a public health official or a person who may have been exposed to a communicable disease or who is otherwise at risk of spreading a disease or condition.
- **Health Oversight:** If there is an inquiry or complaint about my professional conduct to the New York State Board for Psychology, IFGPS must furnish to the New York Commissioner of Education, your confidential mental health records relevant to this inquiry. IFGPS also may disclose health information about you for oversight activities that are authorized by federal or state law (e.g., auditing, inspection, or investigation related to our provision of health care or to the health care system).
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that IFGPS has provided you and/or the records thereof, such information is privileged under state law, and IFGPS must not release this information without your written

authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. IFGPS must inform you in advance if this is the case.

- **Serious Threat to Health or Safety:** Consistent with my legal and ethical obligations, IFGPS may disclose health information about you based on a good faith determination that such a disclosure is necessary to prevent a serious and imminent threat to yourself, to identified individuals and the public, or in an emergency situation.
- **Worker's Compensation:** If you file a worker's compensation claim, and IFGPS is treating you for the issues involved with that complaint, then IFGPS must furnish to the chairman of the Worker's Compensation Board records which contain information regarding your psychological condition and treatment.

VI. 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 about you. However, IFGPS 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 an IFGPS therapist. Upon your request, IFGPS will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The standard fee for copying is \$0.50 per page. If agreed upon by both of us, IFGPS may instead provide you with a summary of the information that you requested. IFGPS may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. If your request is denied, IFGPS will provide you with a written explanation of the reason for doing so. On your request, IFGPS will discuss with you the details of the request and denial 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. Your written request must explain why you believe IFGPS records require amendments. IFGPS may deny your request. If your request is denied, IFGPS will provide you with a written explanation of the reason for doing so. You have the right to submit a statement disagreeing with the decision. This statement will be added to your record. On your request, IFGPS 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). IFGPS will provide you the first accounting free of charge. However, if you request more than one accounting in any 12 month period, IFGPS may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested. IFGPS will be unable to provide you an accounting of disclosures for a period of longer than 6 years prior to your request.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

In order to exercise any of your rights described above, you must submit your request in writing to the contact person (see section II). If you have questions about your rights, please speak to the contact person during normal office hours.

IFGPS Duties:

- IFGPS is required by law to maintain the privacy of PHI and to provide you with a notice of IFGPS legal duties and privacy practices with respect to PHI.
- IFGPS reserves the right to change the privacy policies and practices described in this Notice. If this Notice is revised, the amended terms shall apply to all health information that IFGPS maintains, including information about you collected or obtained before the effective date of the revised Notice. Unless IFGPS notifies you of such changes, however, IFGPS is required to abide by the terms currently in effect.
- If IFGPS revises the policies and procedures, IFGPS will provide you with a copy of the revised notice at the next visit or by mail.

VII. Questions and Complaints

If you have questions about this notice, disagree with a decision IFGPS makes about access to your records, or have other concerns about your privacy rights, you may contact Michelle Bell, Psy.D. at (917) 232-2248.

If you believe that your privacy rights have been violated and wish to file a complaint with IFGPS, you may send your written complaint to Michelle Bell, Psy.D.; 5030 Broadway, Suite 617; New York, NY; 10034

You may also send a written complaint to the Secretary of Health and Human Services by writing to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington D.C. 20201; by calling 1 (800) 368-1019; or by sending an e mail to OCRprivacy@hhs.gov.

You have specific rights under the Privacy Rule. IFGPS will not penalize you for exercising your right to file a complaint.

VIII. Effective Date and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

IFGPS reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. IFGPS will provide you with a copy of the revised notice at your next visit or by mail.