

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information (NPP)

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

The UND Psychological Services Center (PSC) 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.
- "**EPHI**" refers to electronically created, maintained, or transferred PHI.
- "**Treatment, Payment and Health Care Operations**"
 - **Treatment** is when individuals privileged by the PSC provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when such an individual consults with another health care provider, such as a supervisor or another licensed psychologist privileged at the PSC, or your family physician.
 - **Payment** is when the PSC obtains reimbursement for your healthcare. Examples of payment are when the PSC deposits your check payments to the UND Business Office, or if PSC were to disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage (NOTE: PSC does not bill insurance companies or utilize third party payers at this time).
 - **Health Care Operations** are activities that relate to the performance and operation of the PSC. 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 the PSC clinic, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "**Disclosure**" applies to activities outside of the PSC clinic, such as releasing, transferring, or providing access to information about you to other parties such as schools, work, case managers, etc.

II. Uses and Disclosures Requiring Authorization

The PSC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate Authorization is obtained. PSC will never disclose

E PHI as we only consider paper records official records. An "**Authorization**" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the PSC is asked for information for purposes outside of treatment, payment and health care operations, the PSC agrees to obtain an authorization from you before releasing this information. The PSC will also need to obtain an authorization before releasing your psychotherapy notes (which would only be in very rare cases).

"**Psychotherapy Notes**" are notes that the PSC staff have made about your conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI, and are not available to anyone (including you) except the therapist, their supervisor, and the PSC Director. Psychotherapy Notes are not Session Documentation Notes, which are available to you and others with Authorization to review.

"**Training Materials**" are supervisory notes, therapist notes, audio or audiovisual materials that are created and utilized for training purposes only. These are not considered part of the clinic record, and are not available for release to anyone (including the client or client representative).

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) the PSC 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.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If, in their professional capacity, an individual with privileges at the PSC, gains knowledge of or has reasonable cause to suspect that a child is abused or neglected or has died as a result of abuse or neglect, then that individual is required by law to report the circumstances to the North Dakota Department of Human Services.
- **Adult and Domestic Abuse:** If an individual with privileges at the PSC has knowledge or reasonable cause to suspect that an adult with developmental disabilities or mental

illness to whom they are providing services is being abused, neglected, or exploited, that individual is required by law to report the circumstances to the North Dakota Protection and Advocacy Project.

- **Health Oversight:** If the State Board of Psychologist Examiners subpoenas an individual with privileges at the PSC, that individual must appear as a witness and may bring copies of patient records.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and individuals privileged by the PSC must not release your 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. The PSC will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** The PSC may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker's Compensation:** If you file a worker's compensation claim, the PSC may disclose any information, including subsequent prognosis reports, records, bills, and other information concerning mental health care services to the North Dakota Worker's Compensation Bureau.

IV. 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, the PSC 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 receiving services at PSC. Upon your request, the PSC will send your bills to another address, or contact you at another location.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, the PSC will discuss with you the details of the request 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. The PSC may deny your request. On your request, the PSC 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). On your request, the PSC will discuss with you the details of the accounting process.
- **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. (NOTE: At this time, PSC does not allow for electronic communications, other than information that may be available through our web site).

Therapist's Duties:

- The PSC is required by law to maintain the privacy and of PHI and EPHI, and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- The PSC reserves the right to change the privacy policies and practices described in this notice. Unless PSC notifies you of such changes, however, the PSC is required to abide by the terms currently in effect.
- If the PSC revises their policies and procedures, the PSC will demonstrate the change in their policy manual, explain that change to your satisfaction, and have you sign a form that documents your understanding.

V. Complaints

If you are concerned that the PSC has violated your privacy rights, or you disagree with a decision the PSC made about access to your records, you may contact the PSC Privacy Officer, who is the Director of the PSC, at (701) 777 – 3691.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 20th, 2005.

The PSC will limit the uses or disclosures to the minimum necessary

PSC will limit the uses or disclosures that it makes to the minimum necessary for PSC or the other Covered Entity to do their job.

PSC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that PSC maintains. PSC will provide you with a revised notice by posting the most current revisions for your review in the PSC Lobby, and by providing to you a paper copy via U.S. Postal Service. We will make every attempt to ensure we have a PSC – Client Agreement signed acknowledging this Notice of Privacy Policy (this will be completed at the next session possible).