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## **Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information**

This notice is about the recently updated federal law called the Health Insurance Portability and Accountability Act (HIPAA). It describes how personal health information (PHI) about you may be used and disclosed and how you can get access to this information.

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I 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 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 family physician or another psychologist.

- **Payment** is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose 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 my 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 my office, such as sharing, employing, applying, utilizing, examining, and analyzing 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.

### **II. Uses and Disclosures Requiring Authorization**

I 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have 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) I have 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**

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

***Child Abuse:*** If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.

***Adult and Domestic Abuse:*** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.

***Health Oversight:*** If the Washington Examining Board of Psychology subpoenas me as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, I must comply with its orders. This could include disclosing your relevant mental health information.

***Judicial or Administrative Proceedings:*** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law, and I will not release information without the written authorization from you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

***Serious Threat to Health or Safety:*** I may disclose your confidential mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

***Worker's Compensation:*** If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all mental health information in my possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

***Other:*** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and Washington state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a State Department of Health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

#### **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, I am not required to agree to a restriction you request.

***Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:*** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

***Right to Be Notified if There is a Breach of Your Unsecured PHI:*** You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

***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 me. Upon your request, I 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. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I 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. I may deny your 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 PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I 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.

##### **Psychologist's Duties:**

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 written notification either in person or by mail.

#### **V. Breach Notification**

1. A “breach” of your Personal Health Information is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule. Examples of a breach include PHI that is stolen or improperly accessed, inadvertently sent to the wrong provider, and/or viewed by unauthorized personnel or in an unauthorized way. PHI is “unsecured” if it is not encrypted to government standards. When I become aware of or suspect a breach, I will conduct a risk assessment to determine the nature and extent of PHI involved, to whom the PHI may have been disclosed, whether the PHI was actually acquired or viewed (versus encrypted), and the extent to which the risk to the PHI has been mitigated. I will keep a written record of that Risk Assessment.

2. Unless I determine that there is a low probability that PHI has been compromised, I will give you notice of the breach as soon as possible and within 60 days, by first-class mail or email, and including the following information: a brief description of the breach, including dates; a description of types of unsecured PHI involved; steps you should take to protect yourself against potential harm; a brief description of steps I have taken to investigate the incident, mitigate harm, and protect against further breaches; and my contact information. I will also keep a log of any breaches during the calendar year and provide notice of them to HHS within 60 days after that year ends.

3. If my business associate is involved in a breach of your PHI, s/he will conduct the necessary risk assessment; however, I will provide any required notice of the breach to you and to HHS.

4. After any breach, particularly one that requires notice, I will re-assess my privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

## **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may 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 at 42 Chewuch Heights Road, Winthrop, WA 98862.

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

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

## **VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice went into effect on January 30, 2013.

### **I acknowledge receipt of this notice**

Patient(s)/Client(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_