



HADDONFIELD PSYCHMANAGEMENT, P.A.

Comprehensive Psychological and Psychiatric Services

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Haddonfield PsychManagement, P.A.

Notice of Policies and Practices to Protect the Privacy of Your Health Information

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.

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

Your provider 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 we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when your provider consults with another health care provider, such as your family physician or another psychologist or psychiatrist.

Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we 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 our 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 our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of our office such as releasing, transferring, or providing access to information about you to other parties.

2. Uses and Disclosures Requiring Authorization

Your provider 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 your provider is asked for information for purposes outside of treatment, payment and healthcare operations, your provider will obtain an authorization from you before releasing this information. Your provider will also need to obtain an authorization before releasing your psychotherapy notes.

"*Psychotherapy notes*" are what your provider has made about conversation during a private, group, joint, or family counseling session, which has been kept separate from the rest of your records. These notes are given a greater degree of protection than PHI.

You may revoke all such authorization 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) your provider 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.

3. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If your provider has reasonable cause to believe that a child has been subject to abuse, your provider must report this immediately to the New Jersey Division of Youth and Family Services.
- **Adult and Domestic Abuse:** If your provider reasonably believes that a vulnerable adult is the subject of abuse, neglect, or exploitation, your provider may report the information to the county adult protective services provider.
- **Health Oversight:** If the New Jersey State Board of Psychological examiners issues a subpoena, your provider may be compelled to testify before the Board and produce your relevant records and papers.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that have been provided you and/or the records thereof, such information is privileged under state law, and your provider must not release this information without written authorization from you or your legally appointed representative, 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. Your provider must inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to your provider a threat of imminent serious physical violence against a readily identifiable victim or yourself and it is believed you intend to carry out that threat, steps must be taken to warn and protect. Steps will be taken if it is believed that you intend to carry out such violence, even if you have not made a specific verbal threat. The steps taken to warn and protect may include arranging for you to be admitted to a psychiatric unit of a hospital or other healthcare facility, advising the police of your threat and the identity of the intended victim, warning the intended victim or his or her parents if the intended victim is under 18, and warning your parents if you are under 18.
- **Workers Compensation:** If you file a worker's compensation claim, your provider may be required to release relevant information from your records to a participant in the worker's compensation case, a reinsurer, the healthcare provider, medical and non-medical experts in connection with the case, the Division of Workers Compensation, or the Compensation Rating and Inspection Bureau.

4. Patient's Rights and Provider's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restriction on certain uses and disclosure of your protected health information. However, your provider is 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, you may not want a family member to know that you are seeing your provider. Upon your request your provider 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 your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your provider may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your provider 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 provider may deny your request. On your request, your provider 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 3 of this Notice). On your request, your provider 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 this notice from your provider upon request, even if you have agreed to receive the notice electronically.

Provider Duties

- By law your provider is to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.
- Your provider reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, your provider is required to abide by the terms in effect.
- If we revise policies and procedures we will notify you of the changes in writing.

5. Complaints

If you are concerned that your provider has violated your privacy rights, or you disagree with a decision your provider has made about access to your records, you may contact the Director of Haddonfield PsychManagement, P.A. This can be arranged through Haddonfield PsychManagement's office manager.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Director of Haddonfield PsychManagement, P.A. can provide you with the appropriate address upon request.

6. Effective Date, Restrictions and Changes to Privacy Policy

This notice is effective as of 4/14/03.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised written notice of any changes.
