

Behrend Psychology Consultants
NOTICE OF PRIVACY PRACTICES
Health Insurance Portability and Accountability Act (HIPPA)
P.L. 104-191

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of the Notice please contact us. A copy of this Notice will be posted at our office for your review.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For Example:

Treatment: We may use or disclose your health information to a physician or other health care provider providing treatment to you after obtaining a release of information signed by you (or parent, legal guardian).

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose beyond the above listed treatment, payment, and healthcare operations describe in this Notice. You may revoke this authorization in writing at any time. Your revocation will not affect any use or disclosures of information permitted while it was in effect. We cannot use or disclose your health information for any reason other than those listed in this Notice without your written authorization to do so.

Grievances: You have the right to access to the grievance procedure as per Wisconsin State Statute 51.61 (5) (a) to ensure your rights. Summary of Patient Rights forms are given to you at the time of your intake. This information is also posted for client review at our office. You may request additional copies by contacting our office.

Abuse and Neglect: When a provider determines that a child, who is under his/her care has been the victim of physical and/or sexual abuse the provider under Wisconsin State Law is a “*mandatory*” reporter and must report the possibility of abuse to the appropriate public agency for investigation. The provider is a “*permissive*” reporter in the case of “mental” or “emotional” abuse. Providers may use or disclose health information under report or suspicion of child neglect by mandatory report requirements with contact to the appropriate law enforcement and/or other agencies.

Required by Law: We may use or disclose your health information when we are required to do so by law or court order.

Duty To Warn: When the provider determines that the client poses a serious danger of violence to others or self. Under these circumstances, the provider bears a duty to exercise reasonable care to protect the foreseeable victim of that danger. Thus, under such conditions, the potential victim(s) and appropriate law enforcement and/or other agencies must be warned by the provider of the possibility of the danger to the potential victim(s), and must be given the name of the potential perpetrator (client).

To Other Persons: We may use or disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you give written authorization to do so.

National Security: We may use or disclose the health information of Armed Forces personnel to appropriate military, governmental, or law enforcement agencies under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Others Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal guardian, or another person responsible for your care, of your location, your current mental status/condition, injury, or death. If you are present, then you will be given the opportunity, if able, to object to such use and disclosure. If you are incapacitated or in an emergency situation, we will use and disclose health information based on our professional judgment and limit the health information to only that which is directly relevant to the current circumstance and the person's involvement in your healthcare. We will also make a professional judgment based on our practice experience to make certain inferences of your best interest, and/or obtain verbal or written authorization to allow a person to pick up your health related information on your behalf at our clinic.

Appointment Information: We may use or disclose your health information to provide you with appointment information including reminders, cancellations, rescheduling, etc. by phone, voice-mail message, postcards, or letters unless you give us a written restriction from doing so.

PATIENT RIGHTS

Access: You have the right of access to inspect and obtain a copy of your health information in a designated record set with some exceptions including but not limited to information gathered in anticipation of a pending civil, criminal, or administrative action or psychotherapy notes kept separate from the record. You must make a written request to inspect or obtain your health information. We may charge you a reasonable cost-based fee for expenses such as copies and postage if you request the information be sent. You may request an alternative format to photocopies. Should you request an alternative format you will be charged a cost-base fee for preparing that format.

Amendments: You have the right to request that we amend you health information or a record in a designated record set for as long as the information is maintained in the record set. This request must be written and it must clearly explain why you believe the information should be amended. We may deny your request under certain circumstances including our determination that the information is accurate and complete.

Accounting of Disclosures: You have the right to receive an accounting of the disclosures (a listing of instances) in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities, for the last six (6) years, but not before April 14, 2003. If you request this accounting on more than one (1) occasion in a 12-month period, we may charge you a reasonable cost-based fee for responding to additional requests.

Restriction: You have the right to request additional restrictions on use and disclosure of your health information. We are not required to agree to the restrictions and, in instances of conflict with disclosures required by law, may not comply. If we agree to your request we will abide by it except in an emergency. This must be a written request.

Electronic/Web-site Notice: If you receive this Notice from our web-site or by electronic mail (e-mail) you are entitled to receive this Notice in written form at your request.

QUESTIONS AND COMPLAINTS: If you would like more information about our privacy practices or wish to express concerns/complaints please contact our client rights specialist at 715-423-2030.