

# Psychological Associates of Southeastern Massachusetts, LLC

## NOTICE OF PRIVACY PRACTICES-Effective April 14, 2003

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

### Our Legal Responsibilities:

Psychological Associates is required by law to protect and maintain the privacy of your Protected Health Information. We are also required to provide you with this Notice describing our privacy practices and your rights concerning your health information. This notice is covered under HIPAA (Health Insurance Portability & Accountability Act). Any Mass. State law that is more stringent than HIPAA has priority. We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice. If we do so, we will post a new Notice. You may request a copy of our Privacy Practices Notice at any time.

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### Uses and Disclosures of Health Information:

We are legally permitted to use and disclose your Health Information for certain treatment, payment, and healthcare operations reasons. For example:

- **Treatment:** We may use or disclose your Health Information to mental health professionals within Psychological Associates for the purposes of coordinating or enhancing your treatment. We may disclose to a physician or healthcare provider outside of Psychological Associates only with your specific authorization.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide to you. In the \_\_\_\_\_ event that we require additional information from you in order to properly process your healthcare claims, you may be contacted by our billing office at the home phone number that you have provided. If this is a problem, please make arrangements with the billing office for an alternate way of being reached. We do use a Collections Agency, *The Credit Recovery Co., Inc.*, to collect on balances that are aged more than 90 days with no payment. We do send to the client several bills and a notification of collections intent prior to referral to our collections agency. In the event that an account is referred for collections, the only information supplied to the collections agent is the complete name of the client or the responsible party listed for the client, date of birth, social security number, phone number, complete address, date of service, and balance due.
- **HealthCare Operations:** We may use but NOT disclose your health information for the purpose of evaluating provider performance, certification, and for licensing or credentialing activities.

### Other Permitted Disclosures

- **Your authorization:** In addition to our use of your healthcare information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any other purposes. You may give or revoke this authorization at any time. We cannot and will not use your health information for any purpose other than those listed above except in emergencies (see below) or in certain cases as with your written authorization. **Examples:** Request for notes from an attorney, a disability insurance company, etc. These types of requests would require written authorization from you to disclose any information.
- **To Your Family and Friends:** We may 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 in emergencies or if you agree that we may do so.
- **Persons Involved in Care:** We may use or disclose health information to notify or to assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or in emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare.
- **We will not use your health information for Marketing Communications.**

### Uses and Disclosures Not Requiring Consent or Authorization

We are dedicated to preserving the confidentiality and privacy of our patients. The information that you share with our staff will not be revealed to other parties without your authorization, except in specific circumstances which are outlined here:

- **Emergencies/Safety Risk:** Client information would be shared with other appropriate parties when a client presents a clear and present danger to himself/herself or to someone else and it is deemed necessary to reveal such information to protect the client or

potential victim of the client. By law we **must** also reveal client information to appropriate agencies when there is suspicion of emotional, physical or sexual abuse/neglect of a child, a disabled person, or an elderly person.

- **Legal Proceedings:** We may be required to reveal confidential information in response to a court order.
- **National Security:** Under certain circumstances, we may be required to disclose to military authorities the health information of Armed Forces Personnel and to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.
- **Communication:** We may need to reach you by telephone or mail to change appointments, give you appointment reminders, convey other important information to you, and we will do so with discretion; if explicitly stipulated by you, we will refrain from such.

### **Keeping Your Medical Records Confidential**

**Psychological Associates** is committed to providing you with high quality care and to forming a relationship with you that is built on TRUST. This means respecting your PRIVACY and the CONFIDENTIALITY of your medical information. We protect your privacy and confidentiality rights by creating and putting into practice policies and procedures that allow access to your personal medical information ONLY for legitimate reasons. We are required to maintain a complete copy of your history, current condition, treatment plan, and all care given, including the results of all tests, procedures, and therapies. Whether we store this information in writing or on a computer, we will keep this information safe and secure in a way that protects your privacy and confidentiality. This information will only be accessed by the health care professional or staff member who needs to do so to provide appropriate treatment for you. Our staff and employees are trained in the appropriate use of medical information and know that it is available to them only to continue to provide care to you and to be used for limited but legitimate reasons. A violation of your confidentiality or privacy or the failure by an employee to protect your information from accidental or unauthorized access will not be tolerated. We have in place a system of corrective actions which will be strictly enforced with all employees of Psychological Associates to protect your right to privacy.

### **Your Rights**

Clients have a right to access, inspect, or obtain a copy of their health record. There are **rules specific to mental health records** in Massachusetts that are dictated by the Commonwealth of Massachusetts Boards of Registration in Medicine, Psychology, Nursing, and Clinical Social Work. For instance, the Massachusetts Board of Registration in Medicine states that "Licensees who devote a substantial portion of their time to the practice of psychiatry shall abide by the provisions of 243 CMR 2.07 (13)." "If, in the reasonable exercise of his professional judgment, such a licensee determines that providing the entire medical record would adversely affect the patient's well-being, the licensee shall make a summary of the record available to the patient". "If a patient continues to request the entire record, notwithstanding the licensee's determination, the licensee shall make the entire record available to the patient's attorney, with the patient's consent, or to such other psychotherapist as designated by the patient." We have a right to charge a reasonable fee for records copying requests from outside sources such as your attorney, disability insurance co., etc. **NO RECORDS WILL BE RELEASED TO ANY OUTSIDE SOURCE WITHOUT YOUR WRITTEN AUTHORIZATION, except by court order.**

- **Disclosure Accounting:** You have the right to receive a list of instances in which we have disclosed your health information for purposes other than treatment, payment, or healthcare operations for the past six years.
- **Amendment:** You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances but we will keep on file your request and this will become part of the permanent record.
- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do agree, then we will abide by the terms of our agreement (except in an emergency).
- **A request for access to records may be denied if a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of another person or cause substantial harm to another person. This would be a reviewable decision.**

### **QUESTIONS AND COMPLAINTS:**

If you believe that we have violated your privacy rights, complain by using the contact information listed at the end of this notice. You may also file a written complaint with the U.S. Dept. of Health and Human Services. We will provide you with the address upon request. **WE SUPPORT YOUR RIGHT TO THE PRIVACY OF YOUR HEALTH INFORMATION**. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Dept. of Health and Human Services.

Please contact **Maureen Grant, Privacy/Compliance Manager**, if you have any questions, concerns, or complaints regarding the keeping of the records or policies regarding privacy and confidentiality of health information at Psychological Associates. Please direct all inquiries regarding privacy and confidentiality of records to Maureen Grant, **c/o Psychological Associates, 115 Main Street, Suite 2D, North Easton, MA 02356, or by phone at (508)238-7766 x211.**