

NOTICE OF PRIVACY PRACTICES

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. If you have any questions, concerns, or complaints, please talk to our Privacy Officer, Dr. Chris Anderson, Psy.D., LP.

Protected Health Information: is information that identifies you and relates to your past, present, and future physical and mental health or condition; the provision of health care to you and your family while conducting business with Innovative Psychological Consultants; or the provision of payment for health care furnished by you. We call Protected Health Information “medical information”.

Introduction: We understand that medical information about you and your health is personal and you want it kept private. Protecting your privacy and the confidentiality of your medical information is very important to us, and required by law; as is this notice of our legal duties and privacy practices. We are required by law to make sure that medical information about you is kept private, that we make this notice available to you, and follow the terms and conditions of this privacy notice that is currently in effect. This notice is effective as of December 1, 2005.

We create a record of the care and services you receive at Innovative Psychological Consultants to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways our staff use and disclose medical information about you. It also covers your rights and certain obligations Innovative Psychological Consultants has regarding the use of medical information.

How We May Use and Disclose Medical Information

The following categories describe different ways that we may use and disclose medical information. Each category will be explained and an example will be given. Not every use or disclosure in a category will be listed, however, all the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We may use information in your record to provide treatment and services for you. We use your information for coordination of benefits, enrollment and eligibility status, benefit management, utilization management, premium billing, claims issues, and coverage decisions. Different departments may also share medical information about you in order to coordinate and facilitate the different care you need. For example, if we need an opinion from a specialist about your condition to assist you, we may disclose information to the specialist to obtain that consultation.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment collected from, you, an insurance company, or a third party. For example, we may need to submit your diagnosis

along with a health insurance claim in order to demonstrate to the insurer that services should be covered for you.

- **For Health Care Operations:** We may use and disclose medical information about you for general health care operations. These operations include activities such as reviewing records to see how care can be improved, contacting you with information about treatment alternatives, and coordinating care with other providers. For example, we may use information in your record to train our staff about your condition and its treatment.

Other Uses and Disclosures of Medical Information

Innovative Psychological Consultants may also use and disclose medical information about you for the following purposes:

- **Appointment Reminders:** We may use and disclose medical information to contact you to remind you that you have an appointment with us.
- **Treatment Alternatives:** We may use and disclose medical information to tell you about possible treatment options or other areas of interests for you to consider.
- **Health Related Benefits and Services:** We may use medical information to tell you about health related benefits, services, groups or classes that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a caregiver who may be a friend or family member, or to someone who helps pay for your care.
- **Research:** We may use medical information about you for research purposes. Information is sometimes used to compile statistical data or comparison. If a researcher were to have access to your name, address, or other identifying information about your identity, we would secure permission from you first.
- **As Required by Law:** We will disclose medical information about you when required to do so by Federal, state, or local law.

Special Situations for Disclosure of Medical Information

There are certain circumstances when we are allowed to disclose medical information from your records without your permission. In some of these situations we must use our professional judgment before disclosing information. Generally, we must determine if the disclose is in your best interest. Although services for mental health and chemical dependency may be somewhat more protected than other health information, there are still circumstances when we may need to disclose your medical information.

- **Victims of Abuse:** If we learn that a child or vulnerable adult is or has been a victim of abuse, neglect, or domestic violence, we may provide information to authorities, social services, or protective agencies.
- **Averting Serious Threats:** We may disclose information to avert serious threats to self (suicidal intent) or another person (Homicidal intent).
- **Sexual Misconduct by Counselors:** We may disclose information if we learn about sexual misconduct by another counselor or therapist.
- **Drug Use in Pregnancy:** We may disclose information if we learn about drug use or excessive alcohol exposure to a fetus by the mother
- **Organ Donation:** If you are an organ donor, we may provide medical information to organizations that handle organs for organ eye, or tissue transplantation or to organ donation bank.

- **Military:** If you are a member of the armed forces or a veteran, we may release information about you as required.
- **Workers Compensation:** We may release medical information about you for Workers Compensation or similar programs.
- **Public Health Activities:** As required by law, we may provide medical information about you to public health or legal authorities charged with preventing or controlling disease, injury or disability, the reporting of births and deaths, adverse drug reactions, and product defects.
- **Medical Examiner or Coroner:** We may disclose medical information to medical examiners or coroners as required to fulfill certain obligations.
- **Funeral Directors:** We may disclose medical information to funeral directors to allow them to carry out their duties upon your death.
- **Health Oversight Activities:** We may disclose medical information to health oversight agency for activities allowed by law, such as audits, investigations, inspections, insurance fraud, and licensure.
- **Lawsuits and Disputes:** We may disclose medical information about you in response to a court order, grand jury, or administrative tribunal or other lawful process by someone else involved in the dispute.
- **Law Enforcement:** If you tell us that you have committed a violent crime that caused serious physical harm to the victim, we may disclose information to law enforcement officials. However, if you reveal that information in a counseling or psychotherapy session, or in the course of treatment for this sort of behavior, we may not disclose the information to law enforcement officials.
- **Specialized Government Functions:** We may release medical information for national security and intelligence activities, or protection of the President of the United States.
- **Inmate:** We may release medical information about you to a correctional facility or law enforcement official if you are an inmate of a correctional facility or under custody of a law enforcement official.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. We will also accept the permission of a person with authority to represent you (such as a guardian). If you give us the right to use and/or disclose medical information about you, you may revoke that permission, in writing, at any time. You understand that we cannot take back any information that we have already released with your permission, and that we are required to retain our records of care that we provide to you.

Your Rights Regarding Your Medical Information

The medical and billing records we maintain about you and your family are the physical property of Innovative Psychological Consultants. What follows are your rights regarding your medical records. **All requests regarding your rights to your medical records must be made in writing.**

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decision about your care. Usually this includes medical and billing records but does not include psychotherapy notes. To inspect and/or copy medical

- records please speak to your therapist. We may charge a fee for the cost of copying, mailing or other expenses associated with your request.
- **Right to Amend:** If you feel that medical information Innovative Psychological Consultants has about you is incorrect or incomplete, you may ask to amend the information. You have a right to request an amendment for as long as the information is kept by us. We may deny your request for change if it is not in writing and does not include a reason to support the request. In addition, we may deny your request if: the information was not created by us, is no longer a part of the medical information kept by us, is not part of the information you would be allowed to inspect or copy under law, or if the information we have is accurate and complete.
 - **Right to an Accounting of Disclosures:** You have the right to ask for an accounting of disclosures we have made. This is a list of the disclosures we have made of your medical information to others, except for the purposes of treatment, payment, and operations identified earlier.
 - **Right to Request Restrictions:** You have the right to ask that we limit the information we use or disclose about you for treatment, payment, or health care operations. You also have the right to ask for a limit on the medical information we provide about you to someone who is involved in your care or the payment for your care, like a family member or friend. Your request must tell us what information you want restricted; whether you want to limit our use, disclosure, or both; to whom you want the limits to apply, for example disclosure to your spouse. **We are not required to agree to your request.** If we do agree to your request, we will complete your request unless the information is needed to provide emergency treatment.
 - **Right to Ask for Private Communications:** You have the right to ask that we communicate with you about medical matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by mail. We will not ask you the reason for the request and we will agree with all reasonable requests. Your request must say how and where you wish to be contacted.
 - **Right to a Complete Copy of the Privacy Notice:** You have the right to a paper copy of our privacy notice. You may ask us to give you a copy of the privacy notice at any time by requesting a copy from any member of our staff.

What You Should Do if You Believe Your Privacy Rights Have Been Violated

If you feel your privacy rights have been violated, you may file a complaint with Innovative Psychological Consultants and/or the secretary of the U.S. Department of Health & Human Services. To file a complaint with Innovative Psychological Consultants contact the Chief Executive Officer. To file a complaint with the Secretary, write to the U.S. Department of Health & Human Services, 200 Independence Ave. SW, Washington, D.C. 20201.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Any changes will be posted in writing. We will post a copy of the current notice in our facility. The notice will contain the effective date. Copies of the notice are available from any staff person.