



THE PRIVATE PRACTICES OF

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Health Insurance Portability & Accountability Act (HIPAA) Disclosure & Patient Notification of Privacy Rights

This notice describes how your mental health records may be used and disclosed and how you can get access to this information. Please read it carefully.

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

We 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 Operation*”
 - *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 we consult with another health care provider, such as your family physician or another psychotherapist.
 - *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 practices. Examples of health care operations are quality assessment and improvement activities, business-related matters such as licensing or credentialing, accreditation, audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within our [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing examining, and analyzing information that identified you.
- “*Disclosure*” applies to activities outside our [office, clinic, practice group, etc.] such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization.

We may disclose PHI for the purposes of treatment, payment and healthcare operations with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations, authorizing us to provide treatment and to conduct administrative steps associated with your care (i.e., file insurance for you).

Additionally, if you ever want us to send any of your protected health information of any sort to anyone outside our offices, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon request. The requirement that you sign an additional authorization form is an added protection to help insure your protected health information is kept strictly confidential. An example of this type of release of information might be your request that we speak with your physician about your treatment and/or medications. Before we talk to that physician, you will first have signed the proper authorization for us to do so.

There is a third, special authorization provision potentially relevant to the privacy of your records: our psychotherapy notes. In recognition of the importance of the confidentiality of conversations between therapist-patient in treatment settings, HIPAA permits keeping ‘psychotherapy notes’ separate from the overall ‘designated medical record.’

'Psychotherapy notes' cannot be secured by insurance companies, nor can they insist upon their release for payment of services. "Psychotherapy notes" are our notes and are defined as follows: "notes recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session and that are separated from the rest of the individual's medical record." "Psychotherapy notes" are necessarily more private and contain much more personal information about you; hence, the need for increased security of the notes. "Psychotherapy notes" are not the same as your "progress notes" which provide the following information about your care each time you have an appointment at our office: assessment/treatment start and stop times, the modalities of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.

Certain payors of care, such as Medicare and Workers Compensation, require the release of both your progress notes and psychotherapy notes in order to pay for your care. If we are forced to submit your psychotherapy notes in addition to your progress notes for reimbursement for services rendered, you will sign an additional authorization directing us to release our psychotherapy notes. Most of the time we will be able to limit reviews of your PHI to only your "designated record set" which includes the following: all identifying paperwork you completed at your initial visit, all billing and reimbursement information, a summary of our first appointment, your mental status and progress notes for each session, your treatment plan, discharge summary, reviews by managed care companies, results of psychological testing, and any authorizations you have signed. Please note that the actual test questions or raw data of psychological tests are not part of your 'designated mental health record set.

III. Uses and Disclosures with Neither Consent Nor Authorization.

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

- Child abuse
- Suspected sexual abuse of a child
- Adult, and domestic Abuse
- Health oversight activities (i.e. licensing boards investigations)
- Judicial or administrative proceedings (i.e., court ordered treatment and/or evaluations)
- Serious threat to health or safety (i.e., Duty to Warn law, national security threats)
- Workers Compensation claims (if you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/or insurer(s).

IV. Patient's Rights and Our Duties.

You have a right to the following:

- The right to receive confidential communications by alternative means and at alternative locations. For example, you may not want your bills sent to your home address so we will send them to another location of your choosing.
- The right to inspect and receive a copy of your PHI in the designated mental health record set for as long as PHI is maintained in the record.
- The right to amend material in your PHI, although we may deny an improper request and/or respond to any amendment(s) you make to your record of care.
- The right to an accounting of non-authorized disclosures of your PHI.
- The right to a paper copy of notices/information from me, even if you have previously requested electronic transmission of same.
- The right to revoke any authorization of your PHI except to the extent that action has already been taken.

For more information on how to exercise each of the rights, please do not hesitate to ask us for further assistance. We are required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and our duties regarding your PHI. We reserve the right to change our privacy policies and practices as needed, in accordance with law. Current practices are applicable unless you receive a revision of our policies at a future time.

Our duties as therapists include maintaining the privacy of your PHI, providing you with this notice of your rights and our privacy practices with respect to your PHI, and abiding by the terms of this notice unless it is changed and you are so notified.

V. Complaints.

Robin Forgione, Ruth Echols, and Renee Avis are the appointed “Privacy Officers” for these practices per HIPAA regulations. If you have any concerns that your privacy rights have been compromised, please let one of them know immediately. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

No information will ever be released for any sort of marketing purposes.