

Integrative Therapy Institute of NJ

Health Insurance Portability and Accountability Act (H.I.P.A.A) Policy

NEW JERSEY NOTICE FORM

Notice of Psychologist's and Professional Counselor's 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

Psychologists 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 a psychologist provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when a psychologist consults with another health care provider, such as your family physician or another psychologist. –
 - Payment is when a psychologist obtains reimbursement for your healthcare. Examples of payment are when a psychologist discloses 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 a psychotherapy 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 the Integrative Therapy Institute of New Jersey such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of the Integrative Therapy Institute of New Jersey, such as releasing, transferring, or providing access to information about you to other parties.

2. Uses and Disclosures Requiring Authorization

Psychologists 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 a psychologist is asked for information for purposes outside of treatment, payment and health care operations, a psychologist will obtain an authorization from you before releasing this information. A psychologist will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes a psychologist has made are notes a psychologist has made about your conversation during a private, group, joint, or family counseling session, which a psychologist has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (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 therapist 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. Psychologists may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If a psychologist has reasonable cause to believe that a child has been subject to abuse, a psychologist must report this immediately to the New Jersey Division of Youth and Family Services.

Adult and Domestic Abuse: If a psychologist reasonably believes that a vulnerable adult is the subject of abuse, neglect, or exploitation, a psychologist 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, a psychologist 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 a mental health professional has provided you and/or the records thereof, such information is privileged under state law, and the mental health 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. The mental health professional must inform you in advance if this is the case.

Serious Threat to Health or Safety: If you communicate to your mental health professional a threat of imminent serious physical violence against a readily identifiable victim or yourself and the mental health professional believes you intend to carry out that threat, I must take steps

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to warn and protect. I also must take such steps if I believe you intend to carry out such violence, even if you have not made a specific verbal threat.

Worker's Compensation If you file a worker's compensation claim, your mental health professional may be required to release relevant information from your mental health records to a participant in the worker's compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Worker's Compensation, or the Compensation Rating and Inspection Bureau.

4. **Patient's Rights and Psychologist's Duties** Patient's Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, a psychologist is not required to agree to a restriction 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 me. Upon your request, any written correspondence will be sent 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 the Integrative Therapy Institute of New Jersey mental health records used to make decisions about you for as long as the PHI is maintained in the record. Your request to access your PHI may be denied under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your therapist will discuss with you the detail of the amendment 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. A psychologist may deny your request. On your request, your therapist 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 III of this Notice). On your request, a psychologist 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 the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologists/Counselor Duties:

- Psychologists are required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- Psychologists reserve the right to change the privacy policies and practices described in this notice. Unless a psychologist notifies you of such changes, however, a psychologist is required to abide by the terms currently in effect.
- If current policies and procedures are revised, you will be notified in writing.

5. **Complaints**

If you are concerned your privacy rights have been violated, or you disagree with a decision made about access to your records, you may contact the Directors of Integrative Therapy Institute of New Jersey.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

6. **Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on 1/01/2005. The Integrative Therapy Institute of New Jersey reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that a psychologist maintains. The Integrative Therapy Institute of New Jersey will post a notice of any revisions in our policies regarding PHI in the waiting room.