For Patients of Dr. Jay Schneiders

Notice of Psychologists’ Policies and Practices to Protect the Privacy of Your Health Information - HIPAA

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.

**Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I 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 I provide, coordinate or manage your health care and other services related to your health care, including provide reports of examinations and clinical interviews with me for neuropsychological diagnostic or treatment purposes. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.

– *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I 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 my 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 my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
* “*Disclosure*” applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

## Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or 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 I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information.

I will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes I have made about our conversation during a private, group, joint, or family counseling or psychotherapy session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. The term “excludes medication prescription and monitoring, counseling or psychotherapy session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Certain non-routine disclosure requests will require review on an individual basis in accordance with the criteria before disclosure is done.

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) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice

**Uses and Disclosures with Neither Consent nor Authorization**

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

* For my use for your clinical assessment, diagnosis and/or treatment
* For use or disclosure in supervised training programs where trainees learn to practice psychology
* To defend myself in a legal action brought by the patient, who is the subject of the PHI
* For purposes of HHS in determining my compliance with the Privacy Rule
* By a health oversight agency for a lawful purpose related to oversight of my practice
* To a coroner or medical examiner
* In instances of permissible disclosure related to a serious or imminent threat to the health or safety of a person or the public.
* *Child Abuse* – If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect, I must immediately report this to the appropriate authorities.
* *Adult and Domestic Abuse* – If I have reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited and is at imminent risk of mistreatment, self-neglect, or financial exploitation, then I must report this belief to the appropriate authorities.
* When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state’s confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.
* *Health Oversight* *Activities* – If the Colorado State Board of Psychologist Examiners or an authorized professional review committee is reviewing my services, I may disclose PHI to that board or committee.
* *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and I will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
* *Serious Threat to Health or Safety* – If you communicate to me a serious threat of imminent physical violence against a specific person or persons, I have a duty to notify any person or persons specifically threatened, as well as a duty to notify an appropriate law enforcement agency or by taking other appropriate action. If I believe that you are at imminent risk of inflicting serious harm on yourself, I may disclose information necessary to protect you. In either case, I may disclose information in order to initiate hospitalization.
* *Worker’s Compensation* – I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provided benefits for work-related injuries or illness without regard to fault.
* *Minimum Necessary Release of Information --* I may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as *the minimum necessary* for the stated purpose, if the PHI is requested by another covered entity, by a public official (who represents that the information requested is the minimum necessary), or by a researcher (with appropriate documentation).
* I may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose, if the PHI is requested by a member of my staff or business associate.
* *I will not use, disclose, or request an entire medical record*, *except* when the entire medical record is justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request.

### **Business Associates**

I rely on certain persons or other entities, who or which are not my employees, to provide services on my behalf or in consultation with me. These persons or entities may include accountants, lawyers, billing services, and collection agencies. Where these persons or entities perform services, which require the disclosure of individually identifiable health information, they are considered under the Privacy Rule to be my business associates.

I enter into a written agreement with each of my business associates to obtain satisfactory assurance that the business associate will safeguard the privacy of the PHI of my patients. I rely on my business associate to abide by the contract but will take reasonable steps to remedy any breaches of the agreement that I become aware of.

There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

Procedures

I am the privacy officer in my practice. Sandy, my practice manager, can reach me and is designated and approved to discuss these issues with you as well. She can be contacted at 303-697-4086, and when necessary, can put you in direct touch with me.

I provide notice to my patient on the first date of treatment, and this notice is available with my recommendation and instructions to download and/or review on my website: www.drjschneiders.com. You may request a written copy of this notice in addition, and it will be available in my office waiting room and posted in the office itself. In an emergency situation, I provide notice “as soon as reasonably practicable.”

* Except in emergency situations, I make a good faith effort to obtain from a patient written acknowledgement of receipt of the notice. If the patient refuses or is unable to acknowledge receipt of notice, I document why acknowledgement was not obtained.
* I promptly revise and distribute notice whenever there is a material change to uses and disclosures, patient’s rights, my legal duties, or other privacy practices stated in the notice.
* I make notice available in my office for patients to take with them and post the notice in a clear and prominent location.
* My clinical notes are stored in files locked in my personal clinical office within my separately locked office suite; archived notes are kept in a locked, secured storage area in an adjoining medical office building on the Swedish Medical Center Campus, or at times, in a separate, locked, dedicated and private office at my residence.
* Patients are asked to sign appropriate authorization forms when they come in the first time for neuropsychological consultation or assessment/testing.
* If a legally competent patient refuses to sign the form, I will discuss the ramifications (e.g., a referring doctor not getting important information to treat the patient) in detail with the person. Some individuals who are typically “self-referred” may not wish a report be sent to any doctor or other party. I will explain to the best of my understanding implications for third-party payors and reimbursement and any other pertinent issues I am aware of at the time. In some cases it is entirely appropriate to proceed without a patient having signed a release of information to any other party, but there may be instances or times when I feel the decision not to permit sharing of important clinical information in some way limits my ability safely, adequately or ethically to treat or evaluate a patient, and may decline proceeding with an evaluation or treatment under such circumstances based on my best ethical and statutory judgment.
* Patients who have requests for restrictions on what information will be released and what information may be withheld from release may bring such questions up at any time with me during the course of my care with them. I will explain that there may be legal constraints on my ability to restrict release (e.g., child abuse, court order, etc.), and that I am unable to change the medical record after the fact except to make amendment or note correction of inadvertent error.
* When authorization to release information previously permitted and given is at a later time revoked by a patient, I will document and retain such authorization in the clinical chart. From the point of actual receipt of such written request, I will limit my release (except to the extent as required by law and discussed in detail elsewhere in this document) *from that point on,*  until or unless a further change in authorization is received by my office in the future.
* The typical procedure for assuring that a requester of psychotherapy notes and/or clinical assessment notes has provided a valid authorization, is to have the patient him or herself sign such an authorization in my presence in the office at the time of session or request.

For patients who *at a later time* wish a set of notes or part of the clinical record be forwarded to another doctor, attorney, agency, etc., and who send me a valid release of information making such a request, my office will make an effort to contact the patient and confirm the release details, unless the patient has previously phoned and personally requested such information be sent, and properly identified him or herself to the office. If we are unable to reach the patient in person, it will be my duty to evaluate the appropriateness and authority of the request to the best of my ability (e.g., checking signatures, etc.) before releasing confidential patient information.

**A valid authorization—**

* Must be completely filled out with no false information.
* Can be downloaded from my website: www.drjschneiders.com
* May not be combined with another patient authorization.
* Must be written in plain language.
* Must contain a statement adequate to put the patient on notice of his or her right to revoke the authorization in writing and either exceptions to such right and a description of how to revoke, or a reference to revocation in the notice provided to the patient.
* Must contain a statement adequate to put the patient on notice of the inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization.
* Must contain a statement adequate to put the patient on notice of the potential for information to be redisclosed and no longer protected by the rule.

Further, a valid authorization must contain the following information—

* A description of the information to be used and disclosed that identifies the information in a specific and meaningful fashion.
* The name or other specific identification of the person(s), or class of persons, authorized to make the requested use and disclosure.
* The name or other specific identification of the person(s), or class of persons, to whom the requested use and disclosure will be made.
* A description of each purpose of the requested use or disclosure. The statement “at the request of the individual” is a sufficient description of the purpose when a patient initiates the authorization and does not, or elects not to, provide a statement of the purpose.
* An expiration date that relates to the individual or the purpose of the use or disclosure.
* A signature (or if signed by a personal representative, a description of authority to sign) and date.

## 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 regarding you. However, I am 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. On your request, I will send your bills to another address.)
* *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances (e.g., copying and inspection of actual test forms), but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial 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. I may deny your request. On your request, I will discuss with you the details of the amendment 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.
* *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process. Patients may request an account of disclosures by submitting a request in writing. The request must state the time period for which the accounting is to be supplied, which may not be longer than six years. The request must state whether the patient wishes to be sent the accounting via postal or electronic mail.
* *Multiple disclosures:*
* If multiple disclosures have been made for a single purpose for various permitted disclosures under the Privacy Rule or to HHS for compliance purposes, the accounting also includes the frequency, periodicity, or number of disclosures made and the date of the last disclosure.
* I provide an accounting within 60 days of a request, and that I may extend this limit for up to 30 more days by providing the patient with a written statement of the reasons for the delay and the date that the accounting will be provided.
* The first accounting is provided without charge. For each subsequent request I may charge a reasonable, cost-based fee. I will inform the patient of this fee and provide the patient the option to withdraw or modify his or her request.
* I must temporarily suspend providing an accounting of disclosures at the request of a health oversight agency or law enforcement official for a time specified by such agency or official. The agency or official should provide a written statement that such an accounting would be “reasonably likely to impede” activities and the amount of time needed for suspension. However, the agency or official statement may be made orally, in which case I will document the statement, temporarily suspend the accounting, and limit the temporary suspension to no longer than 30 days, unless a written statement is submitted.

*Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket*: You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

*Right to Be Notified if There is a Breach of Your Unsecured PHI.* You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted

to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Breeches and Complaints

1. When the Practice becomes aware of or suspects a breach, as defined in Section 1 of the breach notification Overview, the Practice will conduct a Risk Assessment, as outlined in Section 2.A of the Overview. The Practice will keep a written record of that Risk Assessment.

2. Unless the Practice determines that there is a low probability that PHI has been compromised, the Practice will give notice of the breach as described in Sections 2.B and 2.C of the breach notification Overview.

3. The risk assessment can be done by a business associate if it was involved in the breach. While the business associate will conduct a risk assessment of a breach of PHI in its control, the Practice will provide any required notice to patients and HHS.

4. After any breach, particularly one that requires notice, the Practice will re-assess its privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

*Privacy Complaints:*

* Any privacy complaints should be directed to Dr. Schneiders, by contacting him directly at his office, or through his practice manager, Sandy.

The complaint must include the following information:

* 1. The type of infraction the complaint involves
	2. A detailed description of the privacy issue
	3. The date the incident or problem occurred, if applicable
	4. The mailing/email address where formal response to the complaint may be sent.

Psychologist’s Duties:

* I am 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.
* I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
* If I revise my policies and procedures, I will provide patients currently and actively under my care a copy of such revision by USPS mail service.

# **Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me by calling Sandy, my practice manager, at 303-697-4086.

If you believe that your privacy rights have been violated and wish to file a complaint with *me/my* *office*, you may send your written complaint to me at my office at 701 E. Hampden Avenue, Suite 535, Englewood, CO 80113.

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.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

# **Effective Date, Restrictions, and Changes to Privacy Policy**

These rules go into effect on September 23, 2013, and replace any and all prior HIPAA notices published by and for this office.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. If appropriate and practicable, I will provide you with a revised notice by USPS mail delivery to the most recent address you have provided my office and we have on file for you.

I look forward to the opportunity to work with you in the clinical matter that brings you to my office.

**Jay Schneiders, PhD ABPP**

701 E. Hampden Avenue, Suite 535

Englewood, CO 80113

303-649-6651: general information

303-697-4086: office/Sandy

FAX: 303-783-1376