



Notice of Policies and Practices to Protect the Privacy of Your Health Information

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.

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

Your counselor may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. Any other use or disclosure of your PHI requires you to sign an *authorization* permitting that use or disclosure. All disclosures are subject to the “*Minimum Necessary*” standard, meaning we are required to disclose only the minimum amount of information necessary to accomplish the purpose of the disclosure.

To help clarify these terms, here are some definitions:

- “**Consent**” is your permission to use your **PHI** for **Treatment, Payment and Health Care Operations**. This consent is obtained from you when you sign the “**Client Services Agreement**”, accompanying this notice.
- “**PHI**” (**P**rotected **H**ealth **I**nformation) refers to information in your health record that could identify you.
- “**Treatment, Payment and Health Care Operations**”
 - **Treatment** is when your counselor provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your counselor consults with another health care provider, such as your family physician or another psychologist.
 - **Payment** is when your counselor obtains reimbursement for your healthcare. Examples of payment are when your counselor or one of the administrative staff 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 the 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 practice, such as sharing, employing, applying, utilizing, examining, peer consultation and analyzing information that identifies you.
- “**Disclosure**” applies to activities outside of the practice, such as releasing, transferring, or providing access to information about you to other parties.
- “**Authorization**” is written permission above and beyond the general consent that permits only specific disclosures.

II. Uses and Disclosures Requiring Authorization

Your counselor may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when your counselor is

asked for information for purposes outside of treatment, payment and health care operations, he or she will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have already released information because we 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.

III. Uses and Disclosures with Neither Consent nor Authorization

Your counselor may use or disclose PHI without your consent or authorization in the circumstances listed below.

- a. **Child Abuse:** If your counselor has a reason to suspect that a child has been abused or neglected, they are required by law to report this to the Division of Children Youth and Families.
- b. **Abuse of an Incapacitated Adult:** If your counselor suspects or has a good faith reason to believe that any incapacitated adult has been subject to abuse, neglect, self neglect or exploitation, or is living in hazardous conditions, they are required by law to report that information to the Commissioner of the Department of Health and Human Services.
- c. **Health Oversight:** We may be required to disclose PHI to Government Health Oversight Agencies for the purposes of audits, investigations or inspections..
- d. **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that your counselor provided you and/or the records thereof, such information is privileged under state law, and they may 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.
- e. **Serious Threat to Health or Safety:** If you have communicated to your counselor a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or if you have made a serious threat of substantial damage to real property, they are required by law to take reasonable precautions to provide protection from such threats by warning the victim or victims of your threat and/or to notify the police department closest to your residence or the potential victim's residence, or obtain your civil commitment to the state mental health system.
- f. **Public Health:** We may be required to release PHI to the Department of Public Health for the purpose of preventing or controlling the spread of disease or injury, or otherwise as required by law.
- g. **Law Enforcement:** We may be required to release PHI in response to legal search warrants, helping to locate a suspect or missing person, or otherwise as required by law.
- h. **Decedents:** We may be required to release PHI to coroners, medical examiners, and funeral directors, for the purposes of identifying a deceased person, determining a cause of death or otherwise as required by law.
- i. **Research Purposes:** We may release PHI for research if an appropriately credentialed, independent Institutional Review Board waives the requirement for authorization for specific research purposes.
- j. **Specialized Government Functions:** We may be required to release PHI to authorized federal officials for such things as national security and intelligence activities.
- k. **Workers Compensation:** As authorized by workers' compensation laws regarding injuries at work, subject to limitations stated in New Hampshire Law.
- l. **Uses and Disclosures Required by Law:** If we are required by state or federal law not specifically mentioned above.

IV. Patient's Rights and Counselor'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, your counselor 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 your counselor. Upon your request, bills 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 in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, your counselor will discuss with you the details of the request 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. Your counselor may deny your request. On your request, your counselor 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, your counselor 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 your counselor upon request, even if you have agreed to receive the notice electronically.

Counselor's Duties:

- Your counselor is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.
- LaMora Psychological Associates, P.A. reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, we are required to abide by the terms currently in effect.

V. Complaints

If you are concerned that your counselor has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact the Privacy Officer of LaMora Psychological Associates, P.A. This person is Dr. Michael Phillips and he can be reached by dialing 603-889-8648 ext. 107.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

No one from LaMora Psychological Associates, P.A. will offer retaliation for any complaints registered against them.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003

LaMora Psychological Associates, P.A. reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains.

By signing below I acknowledge that I have received the above information.