

HIPAA NOTICE OF PRIVACY PRACTICES

Effective 12/1/2019

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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.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was enacted by congress to help protect health coverage for workers and their families. It also addresses electronic transaction standards and the need to ensure the security and privacy of health data. I am required by law to maintain the privacy of protected health information, and must inform you of my privacy practices and legal duties. The security and privacy of your protected health information is the subject of this Privacy Notice.

I. Use and Disclosure of Your Protected Health Information for Treatment, Payment, and Health Care Operations

I may use or disclose information in your records for *treatment, payment, and health care operations* purposes with *your consent*. Throughout this notice, the term “you” may refer to the individual who is the client or the individual’s parent, legal guardian or adult who has been legally determined to be responsible for the client. *Consent* refers to your consent and agreement to my releasing your PHI, signified by your reading and signing my Agreement and Consent form, which you will be given separately from this Notice.

Personal health information (PHI) refers to information in a client’s health record that could identify that client. *Use* of this information refers only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. *Disclosure* of information refers to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

In providing for your *treatment*, I may use or disclose information in your record to help you obtain health care services from another provider, or to assist me in providing for your care. For example, I might consult with another health care provider, such as a primary care provider or another psychologist.

In order to obtain *payment* for services, I may use or disclose information from your record, with your consent. For example, I may submit the appropriate diagnosis to your health insurer to help you obtain reimbursement for your care.

I also may use or disclose information from your record to allow *health care operations* (e.g., quality assessment and improvement activities, business-related matters such as audits and administrative services, appointment scheduling, and case management and care coordination).

II. Use and Disclosure Requiring Authorization

Except as described in this Notice, I may not make any use or disclosure of information from your record for purposes outside of treatment, payment, and health care operations unless you give your written authorization. An authorization is written permission that permits only specific disclosures. I will also need to obtain a separate authorization before releasing your Psychotherapy Notes, if I have kept them.

Psychotherapy Notes are notes I may have made about our conversations during treatment or evaluation sessions, which I have kept separate from the rest of your Clinical Record. These notes are given a greater degree of protection than PHI.

You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by me before the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

III. Use and Disclosure Without Consent or Authorization

There are certain circumstances, listed below, in which I am allowed (or, in some cases, required) to use or disclose information from your record without your permission:

- **Child Abuse:** If I have reasonable cause to believe that a child with whom I have had contact has been abused I may be required to report the abuse. Additionally, if I have reasonable cause to believe that an adult with whom I have had contact has abused a child, I may be required to report the abuse. The law requires that I report such knowledge or suspicion to the appropriate governmental agency unless this information is acquired in a privileged relationship. Psychotherapist-patient relationships may be considered exempt from the mandated reporting of child abuse law, although I will use my professional judgment concerning whether to report abuse in accordance with ethical obligations to prevent serious harm to my clients and others. In any child abuse investigation, I may be required to disclose PHI.
- **Abuse of Developmentally Disabled Adults or Adults with Mental Illness:** If I have reasonable cause to believe that a mentally ill or developmentally disabled adult who receives services from a community program or facility has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that any person with whom I come into contact has abused a mentally ill or developmentally disabled adult, I may be required to report the abuse. The law requires that I report such knowledge or suspicion to the appropriate governmental agency unless this information is acquired in a privileged relationship. Psychotherapist-patient relationships may be considered exempt from the mandated reporting of developmentally disabled or mentally ill adults law, although I will use my professional judgment concerning whether to report abuse in accordance with ethical obligations to prevent serious harm to my clients and others.
- **Elder Abuse:** If I have reasonable cause to believe an elder with whom I have had contact has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that an adult with whom I have had contact has abused an elder, I may be required to report the abuse. The law requires that I report such knowledge or suspicion to the appropriate governmental agency unless this information is acquired in a privileged relationship. Psychotherapist-patient relationships may be considered exempt from the mandated reporting of elder abuse law, although I will use my professional judgment concerning whether to report abuse in accordance with ethical obligations to prevent serious harm to my clients and others. In any elder abuse investigation, I may be required to disclose PHI.
- **Serious Threat to Health or Safety:** I may disclose confidential information if a client presents a clear and immediate probability of physical harm to themselves, to other individuals, or to society. I must limit disclosure of the otherwise confidential information to only those persons and only

that content which would be consistent with the standards of the profession in addressing such problems.

- **Health Oversight:** If a complaint is filed against me with the Oregon Board of Psychologist Examiners, the Board has the authority to subpoena confidential mental health information relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for your records, I will not release information without the written authorization of your or your legal representative, *or* a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, *or* a court order. If a judge orders examination of the mental, physical, or emotional condition of a client, communications made in the course of this exam are *not* subject to psychotherapist-patient privilege. Privilege may also be limited in commitment hearings or in legal proceedings wherein a client relies upon their mental/emotional condition as an element of their claim or defense.
- **Workers' Compensation:** If you file a workers' compensation claim, I may disclose information from your record as authorized by workers' compensation laws.
- **Other Circumstances:** Disclosure of PHI without your consent or authorization may be required by law, for example for special government functions such as military, national security, and public health requirements.

IV. Client's Rights and Psychologist's Duties

Client's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of PHI. 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 to have confidential communications of PHI delivered by alternative means and/or at alternative locations. For example, you can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different 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, given your written request. This may be subject to certain limitations and fees. Upon request, I will discuss with you the details of the request process. Please understand that older records may be destroyed, and therefore no longer available, in accordance with applicable law or standards.
- **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 request must be in writing, and I may deny your request.

- **Right to an Accounting:** You have the right to request an accounting of certain disclosures of PHI made by me. Upon request, I 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.
- **Right to Restrict Disclosures When You have Paid for Your Care Out-of-Pocket:** If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will grant your request unless a law requires me to share that information.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI:** You have the right to be notified if there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI.

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 make significant revisions to my policies and procedures which might affect the privacy of your PHI, I will provide you with a copy of those revisions. If you are still engaged in services with me, you will be provided with a copy of the revisions. Former clients may be mailed a copy of significant revisions to the most recent mailing address on file at my office. Updated notices of my privacy policies will always be available for review at my office.

V. 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, please contact me first. However, if you are still not satisfied with our resolution, you may also send a complaint to the Office for Civil Rights, Secretary of the U.S. Department of Health and Human Services. You have specific rights under the HIPAA Privacy Rule. I will not retaliate against you for exercising your right to file a complaint, in accordance with the provisions of applicable law.

VI. Effective Date, Restrictions and Changes to Privacy Policy

Restriction: In most cases, I am also prohibited by law from disclosing raw psychological test data and test materials to anyone other than a licensed psychologist qualified to interpret such data.

This Notice took effect originally on 12/1/2019.