



NOTICE OF PRIVACY PRACTICES & CONFIDENTIALITY

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that your health information is personal. I am dedicated to preserving the privacy and confidentiality of my clients. To provide the best quality of care and to comply with certain legal requirements, I create a record of the care and services my clients receive. This notice applies to all the records of client care generated by this mental health care practice. In general, the privacy of all communications between a patient and a psychologist is protected by law, however, some state laws specify certain circumstances when mental health professionals may be required to break confidentiality and disclose protected health information (“PHI”). I am required by Utah law to inform my clients of these limits on confidentiality. This notice will discuss the ways in which I may break confidentiality to use and disclose health information about my clients. This notice also describes client rights to the health information that I keep and describes certain obligations I have regarding the use and disclosure of client health information. I am required by law to:

- Make sure that PHI that identifies a client is kept private.
- Give clients this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have regarding my client. The new Notice will be available upon request, in my office, and on my website.

II. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy notes. I keep “psychotherapy notes” as that term is defined in 45 CFR 264.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.



- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.
2. Marketing purposes. I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. I will not sell your PHI in the regular course of my business.

III. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, the following are some of the special disclosure situations which could arise in which I can break confidentiality to use and disclose you PHI without your Authorization:

1. I may disclose confidential information for treatment payment or health care operations.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. If the therapist has reasonable suspicion that you have caused physical or emotional abuse to a child under the age of 18, a handicapped person over the age of 18, or a person over the age of 60, the therapist may be required to notify state authorities.
4. If a client presents a clear threat of danger to him/herself or to another identifiable person, the therapist may be required to break confidentiality to the extent needed to protect the client or the potential victim.
5. For health oversight activities, including audits and investigations.
6. In the event of lawsuits or criminal court actions, a judge may order a therapist to testify about their work with a client. Additionally, if a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney, confidential information may be released.
7. For law enforcement purposes, including crimes occurring on my premises.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. In some cases, therapists occasionally need to consult with colleagues or other professionals in their area of expertise in an effort to provide the best treatment, improve their work, or provide for emergency coverage. In this instance, the therapist will discuss the minimum information needed to gain the necessary consultation. Please note, the consultant is also legally bound to keep the information confidential.



10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

V. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care services that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, within 30 days of receiving your written request, and I may charge a reasonable cost-based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of



receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of This Notice. You have the right to request a paper copy of this Notice, and you have the right to request a copy of this notice by e-mail.

In general, I will not release any information about you or your family to anyone without first discussing the matter with you and seeking your signed consent. However, in some emergencies that may not be possible. My guiding principle is to protect the best interest of my clients while delivering the highest quality services. I can do this most effectively if you help me by asking questions or raising concerns whenever such matters come to mind.

In the course of my treatment of your child, I may meet with the child’s parents/guardians either separately or together. Please be aware, however, that, at all times, my patient is your child – not the parents/guardians nor any siblings or other family members of the child. If I meet with you or other family members in the course of your child’s treatment, I will make notes of that meeting in your child’s treatment records. Please be aware that those notes will be available to any person or entity that has legal access to your child’s treatment record.

Your signature below indicates that you have read and understood the information in this document and agree to abide by its terms.

Signature of person authorized to consent for patient: _____

Parent/Guardian name (printed): _____

Relationship to patient: _____

Date: _____