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*All therapists are Independent Practitioners.*

# NOTICE OF PRIVACY PRACTICES

OUR PLEDGE TO PROTECT YOUR HEALTH  
INFORMATION

APRIL 14, 2003

## **Notice of Privacy Practices for Protected 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.

Protecting patient privacy is an important element of the trust between a psychotherapist and her patients, and an important legal and ethical obligation. We are deeply committed to protecting patients rights to privacy, and to safeguarding patient information.

### **MY RESPONSIBILITIES**

Your therapist is required to maintain the privacy of your Protected Health Information ("PHI"). This includes medical information about you that is collected during the course of your treatment, such as your symptoms, examination and test results, diagnoses, treatment, and a plan for future care. Information about care that you have received from other providers may also be included in your therapist's medical records. PHI also includes demographic information and payment information.

Your therapist is required by law to provide you with this Notice of Privacy Practices. This Notice describes how she will use your PHI, and disclose (share) it with others. Your therapist must abide by the terms of the Notice currently in effect. She reserves the right to change the terms of this Notice and to make the new Notice provisions effective, for all Health Information that it maintains. She will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on her website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

### **Uses and Disclosures of Health Information for Treatment, Payment and Operations**

The following are examples of the types of uses and disclosures of your PHI that your therapist is legally permitted to make.

Applicable law and ethical standards permit your therapist to disclose information about you without your authorization only in a limited number of situations. For each category of uses or disclosures your therapist will explain what she means and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways she is permitted to use and disclose information will fall within one of the following categories.

#### **1. Treatment:**

Your therapist may use your Health Information to provide and manage your health care. If she refers you for other treatment—for example to another clinician or hospital—she will provide that health care provider with the necessary information to diagnose or treat you. In addition, she may share your PHI with other health care providers who may consult with her about your care. Your therapist believes this is critical to provide you the very best in health care and is necessary given the complexities of various illnesses and health conditions. She may disclose PHI to any other consultant or health care provider only with your authorization.

## **2. Payment:**

Your therapist may use and disclose your PHI, as needed, to obtain payment for health care services. She may disclose information to your insurance company or third party payer in order to make sure your treatment is approved, to verify eligibility or coverage for insurance benefits, and to permit the payer to review services provided to you for medical necessity. For example, she may need to share relevant Health Information to your health plan to obtain approval for continuing authorizations.

## **3. Healthcare Operations:**

Your therapist may use or disclose your PHI in order to conduct the business of providing health care. These health care operations may include quality assessment, training of students, credentialing and various other activities that are necessary to run my practice and to improve the quality and cost effectiveness of the care that she delivers to you. For employee training or teaching purposes PHI will be disclosed only with your authorization. Some of these business operations may be performed by outside parties (Business Associates) on your therapist's behalf. Her Business Associates must agree to maintain the confidentiality of your Health Information.

In addition, she may also provide you with information about treatment alternatives or other health-related benefits, products and services that may be beneficial to you, again with the hopes of improving your health and welfare.

## **4. Judicial and Administrative Proceedings:**

In any judicial or administrative proceeding, you have the right to refuse to authorize the disclosure of any communication between you and a social worker relating to your care and treatment. There are a few instances in which this privilege would not apply, and therefore, in which your therapist could testify in the judicial or administrative proceeding. Specifically, she may disclose such communications during judicial or administrative proceedings, if (i) she determines that you need hospitalization or are a threat to yourself or to others; (ii) the communications were made in the course of a court-ordered psychiatric examination; (iii) you are a party to a case and you have introduced your mental or emotional state as an element of a claim or defense; (iv) if the testimony is given in connection with a care and protection proceeding, or a petition to dispense with parental consent to adoption; (v) in connection with any malpractice action brought by you against her, where the disclosure is necessary for her defense; (vi) if the communications relate to your ability to provide care or custody in a child custody or adoption case; or (vii) if the communication were made in connection with and during an investigation of allegations of child abuse, when she has made a report that she has reasonable cause to believe that child abuse is occurring; or (viii) if she believes a child, a disabled person, or an elderly person in your care is suffering abuse or neglect.

**5. In an Emergency.** Your therapist may disclose your PHI to a physician who requests such records in the treatment of a medical or psychiatric emergency. For example, if you are unconscious and the doctor treating you needs to know details regarding your medical history in order to decide on a course of treatment for you, she would disclose the PHI necessary for the doctor to treat you during the emergency. If it is not possible to obtain your consent to this disclosure, then notice of the disclosure will be provided to you as soon as possible.

**6. As Required by Law.** Your therapist may disclose your PHI as required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations.

**7. If Required by Court Order.** Your therapist may be required to disclose your PHI in the course of any judicial or administrative proceeding in response to a legal order or other lawful process, including a subpoena.

**8. If Necessary Because of Threat to Health or Safety.** Your therapist may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. She may use or disclose your PHI to the extent which is necessary to protect your safety or the safety of others, if (1) you present a clear and present danger to yourself, or (2) you have communicated an explicit threat to kill or inflict serious bodily injury upon another person, and there is a basis for reasonable belief that the threat may be carried out. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**9. Business Associates.** Some services in your therapist's organization are obtained through contracts with business associates. For example, she may contract with outside companies to provide legal services, accounting services, or billing services. When she contracts with a business associate, she may disclose health information to the business associate so it can do the job she has asked it to do. To protect your health information, she requires the business associate to appropriately safeguard your health information.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization.

**Revocation of Authorization.** If you provide your therapist with permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your authorization, she will no longer use or disclose medical information about you for the purposes covered by the written authorization. However, she is unable to take back any disclosures that she has already made with your authorization.

## **YOUR RIGHTS REGARDING YOUR PHI**

You, or your authorized representative, have the following rights regarding PHI that your therapist maintains about you. To exercise any of these rights, please submit your request in writing to:

Your Therapist's Name  
Atten: Psychotherapy Records  
20 Sacramento St.  
Cambridge, MA, 02138.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would be reasonably likely to endanger the life or physical safety of you or another person. Your Therapist

may charge a reasonable, cost-based fee for copies. She will act on your request within thirty days of receiving your request.

- **Right to Amend.** If you feel that the PHI your therapist has about you is incorrect or incomplete, you may ask her in writing to amend the information although she is not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures that your therapist makes of your PHI. This is a list of certain disclosures she has made of your PHI. To make this request, you should submit it in writing to her and she may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information your therapist uses or discloses about you for treatment, payment, or health care operations. For example, you might request that particularly sensitive information (such as the existence of drug dependence) not be disclosed for any purpose. She is not required to agree to your request. To request restrictions, you must submit your request in writing to:

Your Therapist's Name  
Atten: Psychotherapy Records  
20 Sacramento St.  
Cambridge, MA, 02138.

In your request, you must tell her (1) what information you want to limit, (2) whether you want to limit the use, disclosure, or both, and (3) to whom you want the limits to apply (for example, disclosures to your insurance carrier.)

- **Right to Request Confidential Communication.** You have the right to request that your therapist communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that she only contact you at work or by mail.
- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice. You may ask your therapist to give you a copy of this notice at any time.

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT YOUR THERAPIST IN WRITING AT:**

Your Therapist's Name  
Atten: Psychotherapy Records  
20 Sacramento St.  
Cambridge, MA, 02138.

## **COMPLAINTS**

If you believe your therapist has violated your privacy rights, you have the right to file a complaint in writing addressed to:

Your Therapist's Name  
Atten: Psychotherapy Records  
20 Sacramento St.  
Cambridge, MA, 02138

or with the Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building--Room 1875, Boston, Massachusetts 02203. Voice phone (617) 565-1340. FAX (617) 565-3809. TDD (617) 565-1343.

We will not retaliate against you for filing a complaint.

**The effective date of this Notice is April 14, 2003.**