ALABAMA NOTICE FORM

Psychological Associates, LLC
1915 Professional Circle
Auburn, Alabama 36830
334-826-1699

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

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.

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

Psychological Associates, LLC 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 Psychological Associates, LLC provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when Psychological Associates, LLC consults with another health care provider, such as your family physician or another psychologist.
  – *Payment* is when Psychological Associates, LLC obtains reimbursement for your healthcare. Examples of payment are when Psychological Associates, LLC 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 my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination.

- "*Use*" applies only to activities within Psychological Associates, LLC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

- "*Disclosure*" applies to activities outside of Psychological Associates, LLC such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Psychological Associates, LLC 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 Psychological Associates, LLC is asked for information for purposes outside of treatment, payment or health care operations, Psychological Associates, LLC will obtain an authorization from you before releasing this information. Psychological Associates, LLC will also need to obtain an authorization before releasing your Psychotherapy Notes. "*Psychotherapy Notes*" are notes your therapist made about a conversation during a private, group, joint, or family counseling session, which your therapist has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

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.

III. Uses and Disclosures with Neither Consent nor Authorization

Psychological Associates, LLC may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If Psychological Associates, LLC is treating a child and the therapist knows or suspects that child to be a victim of child abuse or neglect, they are required to report the abuse or neglect to a duly constituted authority.

- *Adult and Domestic Abuse* – If Psychological Associates, LLC has reasonable cause to believe an adult, who is unable to take care of himself or herself, has been subjected to physical abuse, neglect, exploitation, sexual abuse, or emotional abuse, the therapist must report this belief to the appropriate authorities.

- *Health Oversight Activities* – If the Alabama Board of Examiners in Psychology is conducting an investigation into Psychological Associates, LLC, then your therapist is required to disclose PHI upon receipt of a subpoena from the Board.

- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and will not be released information without the written authorization of you or your legally appointed representative 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* – Psychological Associates, LLC may disclose PHI to the appropriate individuals if the therapist believes in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another identifiable person(s).

- *Worker's Compensation* – Psychological Associates, LLC 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 provide benefits for work-related injuries or illness without regard to fault.

IV. 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 PHI. However, Psychological Associates, LLC 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 me. On your request, Psychological Associates, LLC 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 Psychological Associates, mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Psychological Associates, LLC may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may inspect and copy Psychotherapy Notes unless the therapist makes a clinical determination that access would be detrimental to your health. 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. Your psychologist may deny your request. On your request, your psychologist 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. On your 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 your psychologist upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- Psychological Associates, LLC is required by law to maintain the privacy of protected health information regarding you and to provide you with notice of my legal duties and privacy practices with respect to PHI.

- Psychological Associates, LLC reserves the right to change the privacy policies and practices described in this notice. Unless Psychological Associates, LLC notifies you of such changes, however, Psychological Associates, LLC is required to abide by the terms currently in effect.

- If Psychological Associates, LLC revises their policies and procedures, they will notify you by mail.

V. Complaints

If you are concerned that Psychological Associates, LLC has violated your privacy rights, or you disagree with a decision your therapist has made about access to your records, you may contact Dr. Bridget Smith, owner and office manager at 826-1699.

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.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.