

## **DR. GINGER BLUME & ASSOCIATES**

### ***Notice of DR. BLUME & ASSOCIATES Policies and Practices to Protect the Privacy of 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.

At DR. BLUME & ASSOCIATES we are committed to protecting client confidentiality to the full extent of the law. The information below (which we are required by law to give to you) reflects federal regulations that set a minimum standard of privacy. In most instances, the policies of DR. BLUME & ASSOCIATES (and laws of the state of Connecticut) on from you before releasing information about psychotherapy or payment (See Client Consent Form).

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

DR. BLUME & ASSOCIATES may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written 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 your therapist provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be consultation with another health care provider, such as your family physician or another psychologist.

– Payment is when DR. BLUME & ASSOCIATES obtains reimbursement for your healthcare. Examples of payment are when DR. BLUME & ASSOCIATES 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 DR. BLUME & ASSOCIATES. 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 DR. BLUME & ASSOCIATES such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside of DR. BLUME & ASSOCIATES, such as releasing, transferring, or providing access to information about you to other parties.

## **II. Uses and Disclosures Requiring Authorization**

DR. BLUME & ASSOCIATES may use or disclose PHI for purposes outside of treatment, payment, or health care operations (e.g., to a lawyer or probation officer) only 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 DR. BLUME & ASSOCIATES is asked for information for purposes outside of treatment, payment or health care operations, an authorization will be obtained from you before releasing this information.

An authorization will also need to be obtained from you before DR. BLUME & ASSOCIATES would release your Psychotherapy Notes. “Psychotherapy Notes” are notes your therapist may have made about your conversations during an individual, group, joint, or family counseling session, which are 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 DR. BLUME & ASSOCIATES has relied on that authorization. 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**

DR. BLUME & ASSOCIATES may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse** – If your therapist, in the ordinary course of professional practice, has reasonable cause to suspect or believe that any child under the age of eighteen years (1) has been abused or neglected, (2) has had non-accidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (3) is placed at imminent risk of serious harm, then your therapist must report this suspicion or belief to the appropriate authority.

**Adult and Domestic Abuse** – If your therapist knows or in good faith suspects that an elderly individual or an individual who is disabled or incompetent has been abused, the appropriate information as permitted by law may be disclosed.

**Health Oversight Activities** – If the Connecticut Board of Examiners of Psychologists is investigating your therapist, the board may subpoena records relevant to such investigation.

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 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 – If your therapist believes in good faith that there is risk of imminent personal injury to you or to other individuals or risk of imminent injury to the property of other individuals, the appropriate information, as permitted by law, may be disclosed.

Worker's Compensation – DR. BLUME & ASSOCIATES may disclose protected health information regarding you 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 Therapist'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. The DR. BLUME & ASSOCIATES clinician will consider seriously any such request, although she or he is not required to agree to a restriction you request. If the clinician cannot agree, the clinician will discuss his or her decision with you directly if at all possible.

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 a psychotherapist. On your request, DR. BLUME & ASSOCIATES 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 your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. DR. BLUME & ASSOCIATES may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed by the DR. BLUME & ASSOCIATES Privacy Officer (see Section V. of this notice). At your request, your therapist 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 therapist may deny your request. At your request, your therapist will discuss with you the details of the amendment process.

Right to an Accounting – You have the right to receive an accounting of any disclosures of PHI for which you did not give written authorization. At your request, your therapist 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 DR. BLUME & ASSOCIATES upon request, even if you have agreed to receive the notice electronically.

#### Therapist's Duties:

DR. BLUME & ASSOCIATES is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. DR. BLUME & ASSOCIATES reserves the right to change the privacy policies and practices described in this notice. Unless DR. BLUME & ASSOCIATES notifies you of such changes, however, we are required to abide by the terms currently in effect. If DR. BLUME & ASSOCIATES revises its policies and procedures, you will be provided with an updated version by your therapist or by mail.

#### **V. Complaints**

If you are concerned that DR. BLUME & ASSOCIATES has violated your privacy rights, or you disagree with a decision your therapist made about access to your records, you may contact Ginger E. Blume, Ph.D., Privacy Officer, at (860) 346-6020.

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**

This notice will go into effect on April 14, 2003. If this privacy notification is revised, revisions will be posted here.