

NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF A CLIENT'S 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.

USES AND DISCLOSURES

I may use or disclose your protected health information with your consent for:

- **Treatment.** Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, for the purpose of evaluating your health, diagnosing, and providing treatment.
- **Payment.** Your health information may be used to seek payment from your health plan or other sources of coverage. Also, your health information may be disclosed to your health insurer to determine eligibility or coverage.
- **Health care operations.** Your health information may be used as necessary in 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, and case management and care coordination.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

I may use or disclose your health information 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 I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing any Psychotherapy Notes or summaries of treatment. "Psychotherapy Notes" are notes I have made about our conversations during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than your medical information.

You may revoke authorizations of you protected health information 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.

USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

I may use or disclose your health information without your consent or authorization in the following circumstances:

- **Child Abuse** - If I have reasonable cause to suspect child abuse or neglect, I must report this suspicion to the appropriate authorities as required by law.
- **Adult and Domestic Abuse** - If I have reasonable cause to suspect you have been criminally abused, I must report this suspicion to the appropriate authorities as required by law.
- **Health Oversight Activities** - If I receive a subpoena or other lawful request from the Department of Health or the Michigan Board of Psychology, I must disclose the relevant health information pursuant to that subpoena or lawful request.
- **Judicial and Administrative Proceedings** - If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and I will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated or 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 you communicate to me a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, I may disclose relevant health information and take reasonable steps permitted by law to prevent the threatened harm from occurring. If I believe that there is an imminent risk that you will inflict serious physical harm on yourself, I may disclose information in order to protect you.
- **Worker's Compensation** - I 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.

CLIENT'S RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on certain uses and disclosures of your protected health information. However, I am not required to agree to a restriction you request.
- The right to request and receive confidential communications of your protected health information by alternative means and at alternative locations. (For example, you may wish to have communications from this office sent to another address.)

- The right to inspect and/or obtain a copy of your protected health information in my mental health and billing records used to make decisions about you for as long as the health information is maintained in the record. I may deny your access to your protected health information under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- The right to request an amendment of your protected health information for as long as the health information is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to obtain a paper copy of this notice.

PSYCHOLOGIST'S DUTIES

- I am required by law to maintain the privacy of your protected health information and to provide you with a notice of my legal duties and privacy practices with respect to your protected health information.
- 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 revise my policies and procedures, I will provide you with a revised notice by mail or by direct personal contact.

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, you may contact me, Dr. Carolyn Alaimo, at (248) 645-2835.

If you believe that your privacy rights have been violated and wish to file a complaint with my office, you may send your written complaint to Dr. Carolyn Alaimo.

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.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

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