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NOTICE OF PRIVACY PRACTICES

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.

Privacy is a very important concern for all those who come to this office. It is also complicated, because of the many federal and state laws and professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, I, Erica Meyers, Psy.D. (Dr.EricaMeyers@gmail.com) will be happy to help you understand my procedures and your rights.

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- A. Introduction: To my clients**

This notice will tell you how I handle your medical information. It tells how I *use* this information here in this office, how I *disclose* (share) it with other health care professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask me for answers or explanations.

B. What I mean by your medical information

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests or treatment you got from me or from others, or about payment for health care. All this information is called "**PHI**," which stands for "**protected health information**" which means its privacy must be protected. This information goes into your medical or health care records in my office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage, relationships, and other personal history.
- Your medical history of problems and treatments.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that I think will best help you.
- Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other evaluations and reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

There may also be other kinds of information that go into your health care records here.

I use PHI for many purposes. For example, I may use it here:

- To plan your care and treatment.
- To decide how well my treatments are working for you.
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me. When I do this, I will ask for your consent. I will also ask you to sign a release-of-information form, which will explain what information is to be shared and why.
- To show that you actually received services from me, which I billed to you or to your health insurance company.
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about what other persons or agencies should have this information, when, and why.

C. Privacy and the laws about privacy

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Omnibus Final Rule of 2013. HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and my privacy practices.

This form is not legal advice. It is just to educate you about your rights and my procedures. It is based on current federal and state laws and might change if those laws or court decisions change. If I change my privacy practices, they will apply to all the PHI I keep. I will also post the new Notice of Privacy Practices in my office where everyone can see. You or anyone else can also get a copy from me at any time. It is also posted on my website. I will obey the rules described in this notice.

D. How your protected health information (PHI) can be used and shared

Except in some special circumstances, when I use your PHI in this office or disclose it to others, I share only the *minimum necessary* PHI needed for those other people to do their jobs. The laws give you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So now I will tell you more about what I do with your information.

Mainly, I will use it here and disclose (share) your PHI for routine purposes to provide for your care, and I will explain more about these below. For other uses, I must tell you about them and ask you to sign a written Release of Information form. However, the HIPAA law also says that there are some uses and disclosures that don't need your consent or authorization which I will explain below in section 3. However, in most cases I will explain the PHI and who it will go to and ask you to agree to this by signing a release-of-information form.

1. Uses and disclosures with your consent

I need information about you and your condition to provide care to you. In almost all cases, I intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business functions called "health care operations." You have to agree to let me use and share your PHI in the ways that are described in this Notice of Privacy Practices. To agree, I will ask you to sign a separate consent form before I begin to treat you. If you do not consent to this, I will not treat you because there is a risk of not helping you if I do not have some information.

1a. The basic uses and disclosures: For treatment, payment, and health care operations

Here I will tell you more about how your information will be used for these purposes.

For treatment. I use your information to provide you with psychological treatments or services. These might include individual or family therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of my services. I may share your PHI with others who provide treatment to you. I usually try to share your information with your psychiatrist (if applicable), unless you tell me not to.

If I want to share your PHI with any other professionals outside this office, I will need your permission on a signed release-of-information form. For example, I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. Later, I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. I can do this only when you give your permission by signing a release-of-information form. This is so that you will know what information is being shared and with whom. These are some examples so that you can see how I use and disclose your PHI for treatment.

For payment. I may use your information to bill you so I can be paid for the treatments I provide to you. I do not accept health insurance. But as an out-of-network provider, I can give you a bill at the end of each month with PHI necessary for your insurance company to reimburse you, if you have out-of-network benefits. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your conditions. I will need to tell them about when we met, your progress, and other similar things. I may need to disclose a limited amount of your PHI for billing for which I may utilize the services of outside billing companies and claims processing companies with which I have Business Associate Agreements that protect the privacy of your PHI. In addition, I may disclose your PHI to attorneys, courts, collection agencies, and consumer reporting agencies, of information as necessary for the collection of our unpaid fees, provided that I notify you in writing prior to my making collection efforts that require disclosure of your PHI.

For health care operations. Using or disclosing your PHI for health care operations goes beyond our care and payment for services. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may disclose a limited amount of your PHI to my accountant for billing purposes, provided that I have entered into Business Associate Agreements with such a consultant for the protection of your PHI. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and all personal information will be removed from what I send.

1b. Other uses and disclosures in health care

Appointment reminders. I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or you prefer some other way to reach you, I usually can arrange that. Just tell me.

Treatment alternatives. I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Business associates. I hire other businesses to do some jobs for me. In the law, they are called my “business associates.” Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contracts with me to safeguard your information just as I do.

2. Uses and disclosures that require your consent

If I want to use your information for any purpose besides those described above, I need your permission on a release-of-information form. If you do allow me to use or disclose your PHI, and then change your mind, you can cancel that permission in writing at any time. I will then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have used here already or disclosed to anyone with your permission.

As a psychologist licensed in this state, and as a member of the American Psychological Association (APA), I maintain your privacy more carefully than is required by HIPAA. The HIPAA rules are described below, but I will almost always discuss these with you and ask you to sign a release of information so that you are fully informed.

3. Uses and disclosures that don't require your consent or authorization

In limited circumstances, I may use or disclose your PHI without your written authorization and in accord with HIPAA or as required by law. *Examples include:*

(a) disclosures regarding reports of child abuse or neglect, including reporting to social service or child protective services agencies; (b) disclosures to State authorities of imminent risk of danger presented by patients to self or others for the purpose of restricting patient access to firearms; (c) health oversight activities including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs; (d) judicial and administrative proceedings in response to an order of a court or administrative tribunal, or other lawful process; (e) to the extent necessary to protect you or others from a serious imminent risk of danger presented by you; (f) for worker's compensation claims, (g) as required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulations, including those regarding government programs providing public benefits, (h) for research projects where your PHI has been de-identified, that is no longer identifies you by name or any distinguishing marks, and cannot be associated with you, (i) to a public or private entity to assist in disaster relief efforts authorized by law, (j) to family members, friends and others involved in your care, but only if you are present and give oral permission

Minimum Necessary Rule: I will use or disclose your PHI without your authorization for the above purposes only to the extent necessary, and will release only the minimum necessary amount of PHI to accomplish the purpose.

4. Uses and disclosures where you have an opportunity to object

I can share some information about you with your family and anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them about your condition or treatment. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

5. An accounting of disclosures I have made

When I disclose your PHI, I will keep a record of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures. I may charge you a reasonable fee if

you request more than one accounting in any 12-month period. If the records were sent as electronic medical records, I will always record that, and there will be no charge for an accounting.

E. Your rights about your protected health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, rather than at work, to schedule or cancel an appointment. I will try my best to do as you ask, and I don't need an explanation. Sending your information in emails has some risk that these emails could be read by someone else. I can set up a password-protected email service to prevent this, or you may just accept the risk of using emails just for simple messages like changing appointments, and not use it for any PHI or sensitive information. I ask that you be thoughtful before you put any information in an email and not use email for anything you want kept private. By signing the separate consent form, you agree to this use of email. Please note that anything you send us electronically becomes a part of your legal record, even if I do not place it in the chart. Be mindful of this, and please do not forward me emails from third parties or others in your life. It is better to print those out and bring them in to discuss them.
2. You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. You can ask me face to face, and I may then ask for your written permission. I don't have to agree to your request, but if I do agree, I will honor it except when it is against the law, when there is an emergency, or when the information is necessary to treat you.
3. You have the right to prevent my sharing your PHI with your insurer or payer for its decisions about your benefits or some other uses, if you paid me directly ("out of pocket") for the treatment or other services and are not asking the insurer to pay for those services unless I am under contract with your insurer (on their panel of providers).
4. You have the right to look at the PHI I have about you, such as your medical and billing records. In some very unusual circumstances, if there is very strong evidence that reading this would cause serious harm to you or someone else, you may not be able to see all of the information.
5. You can get a copy of these records, but I may charge you a reasonable cost-based fee. If your records are in electronic form, not on paper, you can ask an electronic copy of your PHI. Contact me to arrange how to see your records. Generally, I do not recommend that you get a copy of your records, because the copy might be seen accidentally by others. I will be happy to review the records with you or provide a summary to you, or work out any other method that satisfies you.
6. You have the right to add to (amend) your records to explain or correct anything in them. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records or to include your own written statements to correct the situation. You have to make this request in writing and send it to me.
7. You have the right to a copy of this notice. If I change this notice, I will post the new one in the waiting area, and you can always get a copy from me.
8. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact me. I will do my best to resolve any problems and do as you ask. You have the right to file a complaint with me and with the Secretary of the U.S. Department of

Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201, or by calling 202-619-0257.

9. I will not in any way limit your care here or take any actions against you if you complain or request changes.

You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

F. If you have questions or problems

If you have any questions or problems of my health information privacy policies, please contact me, Erica Meyers, Psy.D., Dr.EricaMeyers@gmail.com.

The effective date of this notice is ____/____/____.