

**CHILD AND FAMILY THERAPY ASSOCIATES  
1121 WESTRAC DRIVE S, SUITE 204  
FARGO, ND 58103**

**NOTICE OF 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**

Your psychologist 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 your psychologist provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your psychologist consults with another health care provider, such as your family physician or another psychologist.
  - Payment is when your psychologist obtains reimbursement for your healthcare. Examples of payment are when your psychologist 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 this 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.
- "Use" applies only to activities within this office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of this office, such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

Your psychologist may use or disclose PHI for purposes outside of treatment, payment, and 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 your psychologist is asked for information for purposes outside of treatment, payment and health care operations, he/she will obtain an authorization from you before releasing this information. He/she will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes your psychologist has made about the conversation during a private, group, joint, or family counseling session, which he/she 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) your psychologist has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

**III. Uses and Disclosures with Neither Consent nor Authorization**

Your psychologist may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If, in the professional capacity of your psychologist, he/she has gained knowledge of or has reasonable cause to suspect that a child is abused or neglected or has died as a result of abuse or neglect, your psychologist is required by law to report the circumstances to the North Dakota Department of Human Services.
- **Adult and Domestic Abuse:** If your psychologist has knowledge or reasonable cause to suspect that an adult with developmental disabilities or mental illness to whom he/she is providing services is being abused, neglected, or exploited, your psychologist is required by law to report the circumstances to the North Dakota Protection and Advocacy Project.
- **Health Oversight:** If the State Board of Psychologist Examiners subpoenas your psychologist, he/she must appear as a witness and bring copies of patient records.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and your psychologist must not release your information without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. Your psychologist will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** Your psychologist may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker's Compensation:** If you file a worker's compensation claim, your psychologist may disclose any information, including subsequent prognosis reports, records, bills, and other information concerning mental health care services to the North Dakota Worker's Compensation Bureau.

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#### **IV. Patient's Rights and Psychologist's/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 about you. However, your psychologist 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. Upon your request, your psychologist will send your bills to another address.)
- Right to Inspect a Copy - You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, your psychologist will discuss with you the details of the request
- 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, your psychologist 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/Therapist's Duties:**

- Your psychologist is required by law to maintain the privacy of PHI and to provide you with a notice of his/her legal duties and privacy practices with respect to PHI.
- Your psychologist reserves the right to change the privacy policies and practices described in this notice. Unless he/she notifies you of such changes, however, he/she is required to abide by the terms currently in effect.

- If your psychologist revises privacy policies and procedures, he/she will notify you as described below.

**V. Complaints**

If you have questions regarding privacy rights described in this notice, if you disagree with a decision made about access to your records, or if you believe that your privacy rights have been violated, you may file a written complaint with the privacy officer, Carita Shawchuck, Ph.D., 1121 Westrac Drive S, Suite 204, Fargo, ND 58103; 701-893-3419. You may also send a written complaint to the Secretary of the US 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**

We must follow the privacy practices described in this notice beginning April 24, 2003. We may change our privacy practices and this notice at any time. Any changes will apply to the Protected Health Information we maintain at that time. When such change is made, you will be asked to read the new agreement and resign the form.

I have received a copy of this Notice of Policies and Practices to Protect the Privacy of Your Health Information form. I understand that my signature indicates I have received the notice.

**I have received a copy of this Notice of Policies and Practices to Protect the Privacy of Your Health Information form (HIPPA). I understand that my signature indicates I have received the notice.**

Patient name (print): \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to patient, if applicable \_\_\_\_\_ Date \_\_\_\_\_