

## Notice of Policies and Practices to Protect Your Privacy

This notice describes how **ASSOCIATES OF SPRINGFIELD PSYCHOLOGICAL** (referred to herein as “WE”) use your medical information and how you can access this information. WE are required by law to maintain the privacy of your *protected health information* (PHI) and to provide you with a notice of our legal duties and privacy practices with respect to PHI. WE may *use* or *disclose* 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*” is when WE provide, coordinate or manage your health care and other services related to your health care.

“*Payment*” is when WE obtain reimbursement for your healthcare.

“*Health Care Operations*” are activities that relate to the performance and operation of our practice.

“*Use*” applies only to activities within our offices such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of our offices, such as releasing, transferring, or providing access to information about you to other parties.

WE 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 WE are asked for information for purposes outside of treatment, payment and health care operations, WE will obtain an authorization from you before releasing this information. WE will also need to obtain a separate authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your counselor may have made about conversations during a session, which WE have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. 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) WE have 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.

WE may use or disclose PHI without your consent or authorization in the following circumstances: child abuse, adult and domestic abuse, judicial or administrative proceedings, serious threat to health or safety, worker’s compensation.

You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, WE are not required to agree to restrict your request. You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. You have the right to inspect and/or obtain a copy of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. WE may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. You have a right to receive a copy of your Protected Health Information in an electronic format or (through a written authorization) designate a third party who may receive such information. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. WE may deny your request. You have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. If you are self-pay, then you may restrict the information sent to insurance companies. On your request, WE will discuss with you the details of these rights and processes.

If there is a breach of your confidentiality, then WE must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless WE can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.

If you have questions about this notice, disagree with a decision WE make about access to your records, have other concerns about your privacy rights, or wish to file a complaint, contact the Privacy Officer of our practice. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. WE can provide you with the appropriate address upon request. WE will not retaliate against you for exercising your right to file a complaint. WE reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that WE maintain. You have the right to obtain a copy of this notice.