

# ARIZONA NOTICE OF PRIVACY PRACTICES

## Notice of Psychologist's 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 and retain a copy for your records.

I am required by law to maintain the privacy of your protected health information and to provide you with this notice, which explains our legal duties and privacy practices with respect to your protected health care information. I must abide by the terms set forth in this notice. However, I reserve the right to change the terms of this notice and make new notice provisions effective for all protected health information.

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

I 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 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, such as your family physician or another psychologist. – **Payment** is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose 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 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. I may also disclose your PHI to third-party business associates who perform certain activities for me (e.g. billing services).
- **Use:** Activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure:** Activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI 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 prior to releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes I have made about our conversation 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 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) 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.

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

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

- **Serious Threat to Health or Safety** : If you communicate to me an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and I believe you have the intent and ability to carry out such a threat, I have a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and in order to initiate hospitalization procedures. If I believe there is an

imminent risk that you will inflict serious harm on yourself, I may disclose information in order to protect you (e.g. to

initiate hospitalization procedures).

- **Child Abuse** : I am required to report PHI to the appropriate authorities when I have reasonable grounds to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse.
- **Adult and Domestic Abuse** : If I have the responsibility for the care of an incapacitated or vulnerable adult, I am required to disclose PHI when I have a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred.
- **Health Oversight Activities** : If the Arizona Board of Psychological Examiners is conducting an investigation, then I am required to disclose PHI upon receipt of a subpoena from the Board.
- **Judicial and Administrative Proceedings** : If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records thereof, such information is privileged under state law, and I will not release information without a court order or the written authorization of you or your legally appointed representative. 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.
- **Worker's Compensation** : I may disclose PHI 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 Psychologist's Duties.**

##### **Patient's Rights:**

- **Right to Request Restrictions** : You have the right to request restrictions on certain uses and disclosures of certain PHI (e.g., to persons involved in your care, or for notification purposes as set forth in this notice). However, I am not required to agree to the restrictions you request. If I do agree, I will comply with your request unless the information is needed for emergencies.
- **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. On your request, I will send your bills to another address.) You must submit your request in writing.
- **Right to Inspect and Copy** : You have the right to inspect and/or obtain a copy of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. At your request, I will discuss with you the details of the request and denial process. If you wish to inspect or copy your medical information, you must submit your request in writing to my attention (Kathleen Young, Psy.D., 11115 North La Canada Drive, Suite 251, Oro Valley, Arizona 85737). I will charge a fee in fulfilling your request. You may have to pay for photocopies in advance. I will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred. I have 30 days to respond to your request for information that I maintain at our practice site, starting from the date of receipt of written request. If the information is stored off-site, I have 60 days to respond; I will inform you of this delay.
- **Right to Amend** : You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. You must make this request in writing. The request must state the reasons for the amendment. I may deny your request if the information: (1) was not created by us, unless you provide reasonable information that the person who created it is no longer available to make the amendment; (2) is not part of the record which you are permitted to inspect and copy; (3) is not part of our designated record; or (4) is already accurate and complete. On your request, I 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, except for: (1) disclosures made to you; (2) disclosures for treatment, payment, or health care operations; (3) incidents to a use or disclosure set forth in this notice; (4) disclosures made to law enforcement officials; or (5) information used as part of a limited data set, that occurred before April 14, 2003 or 6 years or more from the date of your request. Your request must be made in writing and must state the time period for the requested information. I may charge you a fee for your request. I will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred. On your request, I 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 this notice from me upon request, even if you have agreed to receive the notice electronically.

#### **Psychologist's Duties:**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- 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 notify you by mail if you do not have a future scheduled appointment and information is to be released.

#### **V. Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me at the address below. Complaints must be in writing. You may also send a written complaint to: Office of the Secretary, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C., 20201.

#### **VI. Effective Date, Restrictions, and Changes to Privacy Policy**

This notice is effective as of July 5, 2012. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain.

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