

**THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

**I. Preamble**

The Psychology Licensing Law provides strong privileged communication protections for conversations between your psychologist and you in the context of your established professional relationship. There is a difference between privileged conversations and documentation in your mental health records. Records that document your care are kept as required by law, professional standards, and other review procedures. HIPAA (the Health Insurance Portability and Accountability Act of 1996) very clearly defines what kind of information is to be included in your “designated medical record” as well as some material known as “psychotherapy notes”, which are not accessible to insurance companies and other third-party reviewers and in some cases, not to the patient himself/herself.

HIPAA provides privacy protections about your health information, which is called “protected health information” which could personally identify you. PHI consists of three components: *treatment, payment, and health care operations.*

*Treatment* refers to activities in which I provide, coordinate, or manage your mental health care or other services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your medication or overall medical condition.

*Payment* is when I obtain reimbursement for your mental health care.

*Health care operations* are activities related to the performance of my practice such as quality assurance. In mental health care, the best example of health care operations is when utilization review occurs, a process in which your insurance company reviews psychotherapy work together to determine if your care is “medically necessary.”

The *use* of your protected health information refers to scheduling appointments, keeping records, and other tasks within my office related to your care. *Disclosures* refer to activities you authorize which occur outside my office such as sending your protected health information to other parties (e.g., your primary care physician, the school your child attends, etc.).

**I. Uses and Disclosures of Protected Health Information Requiring Authorization**

Tennessee requires authorization and consent for treatment, payment, and healthcare operations. HIPAA does nothing to change this requirement by law in Tennessee. I may disclose PHI for the purpose of treatment, payment, and health care operations with your consent. You have signed a general consent to care and authorization to conduct payment and health care operations, authorizing me to provide treatment and to conduct the administrative steps associated with your care.

Additionally, if you ever want me to send your protected health information to anyone outside my office, you will always first sign a specific authorization to release information to that outside party. A copy of that authorization form is available upon request. The requirement for you to sign an additional release form is an added protection to insure our protected health information is kept strictly confidential.

There is a third, special authorization provision potentially relevant to the privacy of your records: my psychotherapy notes. In recognition of the importance of the confidentiality of conversations between psychologist and patient in treatment settings, HIPAA permits keeping “psychotherapy notes” separate from the overall “designated health record.” Insurance companies cannot secure “psychotherapy notes” nor can they insist upon their release for payment of services. “Psychotherapy notes” are necessarily more private and contain more personal information about you. “Progress notes” provide the following: medication prescriptions and monitoring, assessment/treatment start and stop times, the modalities of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

You may, in writing, revoke all authorizations to disclose protected health information at any time. You cannot revoke an authorization for an activity you previously instructed me to carry out or if the authorization was obtained as a condition for obtaining insurance and Tennessee law provides the insurer the right to contest claim under the policy.

## **II. Business Associates Disclosures**

HIPAA requires that I train and monitor the conduct of those performing ancillary administrative services for my practice and refers to these people as “Business Associates.” I have no business associates, as I am the sole proprietor. Only I will have access to both your “designated health record” and my “psychotherapy notes.” I have employed no secretaries, administrative assistants, billing specialists, etc. The receptionists have signed a confidentiality agreement, which allows them to notify you in the event of my inability to keep an appointment with you. They do not have access to your records.

## **III. Uses and Disclosures Not Requiring Consent nor Authorization**

By law, protected health information *may* be released without your consent or authorization under the following conditions:

- Child Abuse
- Suspected Sexual Abuse of a Child
- Adult and Domestic Abuse
- Health Oversight Activities (i.e., licensing board inquiries)
- Judicial or Administrative Proceedings (i.e., a court order)
- Serious Threat to Health or Safety to Self or Others
- Workers Compensation Claims

**I do not release information for marketing purposes**

## **IV. Patients; Rights and My Duties**

You have a right to the following:

- *The right to request restrictions* on certain uses and disclosures of your protected health information which I may or may not agree to. If I do agree to such restrictions, they shall apply unless our agreement is changed in writing;
- *The right to receive confidential communications by alternative means and at alternative locations* (e.g., sending bills to an address other than your home address);

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- *The right to inspect and copy* your protected health information in your designated health record and any billing records for as long as protected health information is maintained in the record;
- *The right to amend* material in your designated health record, although I may deny an improper request and/or respond to any amendment(s) you make to your record of care;
- *The right to an accounting of non-authorized disclosures* of your protected health information;
- *The right to a paper copy* of notices/information from me, even if you have previously requested electronic transmission of notices/information; and
- *The right to revoke your authorization* of your protected health information except to the extent that action has already been taken.

For more information regarding each of the aforementioned rights, please do not hesitate to ask me for further assistance. I am required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and my duties regarding your protected health information. I reserve the right to change my privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of my policies. My duties as a psychologist include maintaining privacy practices with respect to your protected health information and abiding by the terms of this notice unless such terms are changed and you are so notified. If you desire a copy of my internal policies for executing privacy practices, please notify me.

### **V. Complaints**

I am the "Privacy Officer" for my practice per HIPAA regulations. If you have any concerns about your privacy rights being compromised by me, please speak to me immediately. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

### **VI. This notice shall go into effect April 14, 2003, and remain so unless new notice provisions effective for all protected health information are enacted accordingly.**