

**Psychological Services Center  
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**

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

**II. Uses and Disclosures Requiring Authorization**

The PSC 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 the PSC or your PSC therapist is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information; to authorize disclosures, you must complete the Authorization to Disclose Protected Health Information Form. The PSC will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your therapist has made about conversations with you during a private, group, joint, or family counseling session, which are kept separate from the rest of your clinical record. These notes are given a greater degree of protection than other PHI, and an insurance company or other third party payor may not condition payment upon your permission to disclose psychotherapy notes.

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) the PSC has already taken action 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 Requiring Neither Consent nor Authorization**

The PSC and/or your PSC therapist may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If, in their professional capacity, your therapist and/or his/her supervisor and/or any member of the PSC staff knows or suspects that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, they are required by law to immediately report that knowledge or suspicion to Child Protective Services, or a municipal or county peace officer.
- **Adult and Domestic Abuse:** If your therapist and/or his/her supervisor and/or any member of the PSC staff has reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, they are required by law to immediately report such belief to the County Department of Job and Family Services.
- **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. The PSC will not release this information without written authorization from you or your legally-appointed representative, or a court order. 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. If you file suit against the PSC or any of its clinical or administrative staff, your records are subject to use without your authorization for defense of such a suit.
- **Serious Threat to Health or Safety:** If your therapist and/or his/her supervisor believe that you pose a clear and substantial risk of imminent serious harm to yourself or another person, they may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to any member of the PSC staff an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and your therapist and/or his/her supervisor believe you have the intent and ability to carry out the threat, then your therapist and/or the clinic is required by law to take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).
- **Worker's Compensation:** If you file a worker's compensation claim, the PSC may be required to give your mental health information to relevant parties and officials.

#### **IV. Client's Rights and Psychologist's Duties**

##### Client's Rights:

- *Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information about you. This means that you may ask that the PSC limit the amount and type of information disclosed, the reasons for which the information is disclosed, and the individuals and/or entities to which information is disclosed. While the PSC will attempt to accommodate to any reasonable request within the limits of federal and state disclosure and reporting laws, the PSC is not required to agree to a restriction you request. To request restriction of uses and disclosures of your PHI, tell your therapist or the PSC Administrative Assistant the details of the restriction(s) you would like. You must complete the Request for Restriction on Uses and Disclosures of Protected Health Information form to have this request processed.
- *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 or employer to know that you are being seen at the PSC. Upon your request to your therapist or the Administrative Assistant, the PSC will send your bills and other correspondence to another address designated by you in writing. You may also specify whether or not you will permit messages to be left on telephone answering systems and on which systems message may or may not be left. You must complete the

Request for Alternative Communication of Protected Health Information form to have this request processed.

- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in the PSC’s mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record (12 years, under current Ohio Psychology Law). If your request is granted, your PSC therapist will review your file with you to ensure that the information in your record is not misinterpreted or misused and does not cause you any distress. Under Ohio law, you cannot be denied access to your records, but if your therapist and his/her supervisor feels that it would harm you or someone else in some way if you had access to the information, the PSC may have to take some subsequent action to prevent possible harm from occurring, such as notifying an intended victim of possible imminent harm or seeking hospitalization for you. If you would like copies of your records, the copying charges are listed in the Psychological Services Agreement & Consent for Psychological Services given to you at your first session. Your request for access to records will be acted on within 30 days of the original request. To make a request for your records, tell your therapist.
- *Right to Amend* – You have the right to request a change to the PHI in your Clinical Record for as long as the PHI is maintained in the record (12 years, under current Ohio Psychology Law). The PSC or your therapist or his/her supervisor or the PSC may deny your request if the originator of the information is not available or not on staff at the PSC, if the change is not part of the PSC record, or if the record is considered accurate and complete. To request an amendment, tell your therapist. The therapist and/or his/her supervisor or the PSC Director will review the request and inform you, in writing, of the decision within 60 days of your request. If your request is denied, you may file a complaint and/or may have a written statement of disagreement placed in your PSC record.
- *Right to an Accounting* – You generally have the right to receive a listing of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). The listing will contain the dates of the disclosures, the name of the person or entity to which the PHI was disclosed, a brief description of the PHI disclosed, and a brief statement of the reason for the disclosure. To request an accounting of disclosures, ask your therapist or the PSC Administrative Assistant. You must complete the Request for Accounting of Disclosures of Protected Health Information form to have this request processed. Your first accounting in a calendar year is free; subsequent accountings will cost \$15.00.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the PSC’s Notice of Policies and Practices to Protect the Privacy of Your Health Information upon request, even if you have agreed to receive the notice electronically.

#### Psychologist’s Duties:

- The PSC and all PSC staff are required by law to maintain the privacy of PHI and to provide you with a notice of the PSC’s legal duties and privacy practices with respect to PHI.
- The PSC reserves the right to change the privacy policies and practices described in this notice. Unless the PSC notifies you of such changes, however, the clinic and its staff are required to abide by the terms currently in effect.
- If the PSC revises its privacy policies and procedures at any time during the course of your evaluation and treatment, your therapist will provide you with a paper copy of the revisions.

#### **V. Complaints**

If you are concerned that anyone at the PSC has violated your privacy rights, or you disagree with a decision that the PSC has made about access to or amendment of your records, you may contact the Director of the Psychological Services Center at (419) 372-2540. The Director of the Psychological Services Center is Dr. Dryw Dworsky.

You may also send a written complaint to the Secretary of the U. S. 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 Notice of Privacy Practices**

This notice is effective April 14, 2003.

The PSC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI maintained by the clinic. Your therapist will provide you with a paper copy of the revisions.

Dryw Dworsky \_\_\_\_\_

Dryw Dworsky, Ph. D.  
Director, Psychological Services Center

8-1-16

Date