

Lisa K. Willis, Ph.D., CGP

Licensed Clinical Psychologist

(585) 454-9448

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The psychologists and social workers with the offices at 877 Elmwood Avenue, Rochester, NY 14620 are independent practitioners. Although we may share office space, supplies, and equipment, our business are not legally related to one another.

1. Uses and Disclosures for Treatment, Payment and Health Care Operations

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

2. Uses and Disclosures Requiring Authorization

Your Provider may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is a written permission above and beyond the general consent that permits only specific disclosures. In those instances when your Provider is asked for information for purposes outside of treatment, payment and health care operations, he or she will obtain an authorization from you before releasing this information. Your Provider will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes your Provider has made about your conversation during a private, group, joint, or family counseling session, which your Provider has kept separate from the rest of your medical record.

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 Provider 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.

3. Uses and Disclosures with Neither Consent nor Authorization

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

- Child Abuse: If, in your Provider’s professional capacity, a child comes before them which they have reasonable cause to suspect is an abused or maltreated child, or they have reasonable cause to suspect a child is abused or maltreated where the parent, guardian, custodian or other person legally responsible for such child comes before them in their professional official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child, your Provider must report such abuse or maltreatment to the statewide central register of child abuse and maltreatment, or the local child protective services agency.
- Health Oversight: If there is an inquiry or complaint about your Provider’s professional conduct to the New York State Board of Psychology, your Provider must furnish to the New York Commissioner of Education, your confidential mental health records relevant to this inquiry.

Revised 10/2011

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- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for your information about the professional services that your Provider has provided you and/or the records thereof, such information is privileged under state law, and your Provider must not release this 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 Provider must inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** Your Provider may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Workers' Compensation:** If you file a Workers' Compensation claim and your Provider is treating you for the issues involved with that complaint, then your Provider must furnish to the chairman of the Workers' Compensation Board records which contain information regarding your psychological condition and treatment.

4. Patient's Rights and Health Care Provider'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 Provider 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 a therapist. Upon your request, your Provider will send your bills to another address.)
- **Right to Inspect and Copy –** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your Provider's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your Provider may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your Provider will discuss with you the details of the request and denial process.
- **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 Provider may deny your request. On your request, your Provider 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 Provider will discuss with you the details of the accounting process.

Health Care Provider's Duties:

- Your Provider is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.
- Your Provider reserves the right to change the privacy policies and practices as described in this notice. Unless they notify you of such changes, however, they are required to abide by the terms currently in effect.
- If your Provider revises their policies and procedures, they will make a copy of them available to you, and you can discuss them with your Provider.

5. Questions and Complaints

If you have questions about this notice, disagree with a decision your Provider makes about access to your records, or have other concerns about your privacy rights, you may contact your Provider directly.

If you believe that your privacy rights have been violated and wish to file a complaint with your Provider, you may send your written complaint to your Provider at 877 Elmwood Avenue, Rochester, NY 14620. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Your Provider can provide you with an appropriate address upon request.

You have specific rights under the Privacy Rule. Your Provider will n

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Notice of Receipt of Information Regarding Privacy Practices

I consent to the use or disclosure of my protected health information by my therapist, _____, for the purposes of diagnosing or providing treatment to my, obtaining payment of my healthcare bills, and conducting the business operations of my therapist's practice.

I understand that I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment, or business operations of my therapist's practice. My therapist is not required to agree to these restrictions that I may request. However, if my therapist agrees to a restriction that I request, the restriction is binding on my therapist. I have the right to revoke this consent, in writing. At any time, except to the extent that my therapist has taken action in reliance on this consent.

I understand that my "protected health information" is any information that can identify me as an individual, and my past, present, or future: a) physical or mental health or condition, b) treatment I have received, and c) payment information. This agreement does not include consent to release "psychotherapy notes", which have a more stringent level of protection.

I understand that I have a right to review my therapist's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information. The Notice of Privacy Practices also describes my rights and my therapist's duties with respect to my protected health information.

I understand that the Notice of Privacy Practices is posted in the waiting room. My therapist reserves the right to change the Notice of Privacy Practices. I understand that I may request a copy of the Notice of Privacy Practices from my therapist.

Signature

Date

Print name