

**Patient Copy of: Your Psychologist's NOTICE OF PSYCHOLOGISTS' POLICY AND PRACTICES TO PROTECT THE  
PRIVACY OF YOUR HEALTH INFORMATION at Poyner Psychological Services**

This notice describes how psychological and medical information about you may be used and disclosed and how you can obtain access to this information. **Please review this policy carefully.**

**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 healthcare operations and purposes with your consent. To help clarify these terms, here are some definitions:

- a. "PHI" refers to information in your health record that could identify you.
- b. Treatment, Payment and Health Care Operations:  
"Treatment" is when I provide, coordinate or manage your health care and other services related to your health. An example of treatment would be when I consult with another health care provider, such as your family physician, primary care 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 healthcare 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, case management and care coordination.
- c. "Use" applies on to activities within my office/practice such as sharing, employing, applying utilizing, examining, and analyzing information that identifies you.
- d. "Disclosure" applies to activities outside my office/practice 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 without your consent or authorization in the following circumstances:

Child Abuse or Neglect: If I have reason to believe that a child under the age of 18 years is the victim of abuse or neglect, the law requires that I make a report to the appropriate government agency, usually to the Department of Human Services. Once such a report is filed, I may be required to provide additional information.

Adult or Domestic Abuse: If I have reason to believe that a vulnerable adult is suffering from abuse, neglect or exploitation, I am required by law to make a report to either the Oklahoma Department of Human Services, the District Attorney's office or the Municipal Police Department as soon as I become aware of the situation. A vulnerable adult means an individual who is an incapacitated person who, because of physical or mental disability, incapability or other disability, is substantially impaired in the ability to provide adequately for the care or custody of him/herself, or is unable to manage his/her property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect him/herself from abuse, neglect or exploitation without assistance from others.

Health Oversight: If you file a disciplinary complaint against me with the Oklahoma State Board of Examiners of Psychologists, they would have the right to view your relevant confidential information as part of the proceedings.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis(es) and treatment and records thereof, such information is privileged under State law and I will not release the information without written authorization from you or your personal or 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.

Serious Threat to Health and Safety: If you communicate to me an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable person, and you have the apparent intent and ability to carry out that threat, I have the legal duty to take reasonable precautions. These precautions may include disclosing relevant information from your mental health records, which is essential to protect the rights and safety of others. I also have such a duty if you have a history of physical violence of which I am aware, and I have reason to believe there is a clear and imminent danger that you will attempt to kill or inflict serious bodily injury upon a reasonably identifiable person.

Worker's Compensation: If you file a Worker's Compensation claim, you will be giving permission for the Administrator of the Worker's Compensation Court, the Oklahoma Insurance Commissioner, the Attorney General, the District Attorney (or a designee for any of these) to examiner your records relating to the claim.

Appointment Reminders: I may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

**III. Patient's Rights and Psychologist's Duties**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at 14453 SE 29<sup>th</sup> St. Suite D, Choctaw, OK 73020.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of Protected Health Information about you. However, I am 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 me. Upon your request, I will send your bills to another address.)

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**Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about your 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. On your request, I 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. I may deny your request, but on your request, I will discuss with you the amendment process.

**Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI regarding you. 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 the 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. 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 in writing by mail, or at your next appointment.

#### **IV. Questions and Complaints**

If you desire further information about our privacy practices, or if you have questions, please contact this office. If you are concerned that your privacy rights have been violated or you disagree with a decision I made about access to your records, you may contact the Privacy Officer of Poyner Psychological Services at 14453 SE 29<sup>th</sup> St. Ste. D Choctaw, OK 73020. You may also send a written question or 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. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

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

This notice will go into effect on April 24, 2006. 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. I will provide you with a revised notice in writing by mail or at your next appointment.

### **PARTICIPANT RIGHTS AND RESPONSIBILITIES**

#### **To Receive Services:**

- That respect your privacy and dignity;
- That are provided in a prompt, courteous and respectful manner;
- That respect your cultural and ethnic identity, religion, disability, gender, age, marital status and sexual orientation;
- That are provided in a physical environment that is safe, sanitary, allows for effective treatment and which safeguards the privacy and confidentiality of interactions with your provider;
- From providers who are qualified, competent, focused on your care, and reasonably accessible to you;
- That emphasize your participation in developing a treatment plan specific to your needs and include your agreement to work toward defined goals;
- That in relation to admission, discharge or treatment, are free of discrimination on the basis of age, sex, race, creed, color, national origin, ethnicity, religion, pregnancy, marital status, disability or sexual orientation.

#### **To Current Information Concerning:**

- Your diagnosis, recommended appropriate or medically necessary treatment options that relate to your care, potential alternatives and accompanying risks, benefits and costs (in writing for Medicare patients). This information, regardless of cost or benefit coverage, will be explained in terms and in a language that you can reasonably understand;
- Written financial agreements in which you entered for treatment services rendered;
- Possible consequences or conditions under which you may be transferred to another treatment program or therapist and the accompanying risks, benefits and costs of such a transfer;
- Names and credentials of providers involved in your care;
- Your responsibilities to ensure better treatment outcomes;
- Your records and having information explained or interpreted as necessary, except when protected or restricted by law;
- How to access emergency services needed outside of normal business hours or when you are away from you usual place of residence or work;
- How your healthcare insurance plan evaluates new technology for inclusion as a covered benefit;
- How to select a new behavior healthcare delivery office or provider if your current provider is affected by termination or closure;
- Resources and procedures available through your healthcare insurance plan for communicating concerns or questions, for expressing dissatisfaction with services or care, and for requesting an appeal if not satisfied with any decisions regarding dissatisfaction with services or care;
- Services available to you and charges for those services including services not covered under health plan's benefits.

Should you have any questions about the foregoing information, please speak with your psychologist directly.