

# DR. KATE BURTON, PSYD, PLLC

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## HIPAA – PRIVACY OF INFORMATION POLICIES

*This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information. UPDATED: 03/1/2020*

### 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 written authorization. I may also disclose PHI for payment purposes with your general 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.
- “Use” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.
- “Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

### Other 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. 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 before 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 record. These notes are given a greater degree of protection than PHI. Release of Raw Test Data also requires your explicit authorization, and is given a greater degree of protection than PHI. The term “Raw Test Data” refers to raw and scaled scores, patient responses to test questions or stimuli, and psychologists’ notes and recordings concerning patient statements and behavior during examination. You may revoke all such authorizations (of PHI or Psychotherapy Notes/Raw Test Data) 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.

### Uses and Disclosures without Authorization:

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

Use and disclosure without your consent or authorization is allowed under the following narrowly-defined circumstances: law enforcement agencies, health oversight agency, coroner or medical examiner, public health purposes relating to disease or FDA-regulated products, specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

- *Child Abuse* – If I have reasonable cause to believe a child known to me in my professional capacity may be an abused child or a neglected child, I must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – If I have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, I must report this belief to the appropriate authorities.
- *Health Oversight Activities* – I may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- *Judicial and Administrative Proceedings* - If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and I must not release such information without a court order. I can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization 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 must be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm, and I may hospitalize you against your will.
- *Worker's Compensation* – I may disclose protected health information regarding you 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.

*There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.*

#### **Other Provisions:**

When partial or full payment for services are the responsibility of the patient or other person agreeing to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the patient's credit report may state the amount owed, the time-frame, and the name of the clinic or collection source.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the patient. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about patients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name or any other identifying information of the patient is not disclosed. Only information necessary to aid me in providing you the best treatment possible is disclosed.

In the event the clinician must telephone the patient for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify me in writing where I may reach you by phone and how you would like me to identify myself. For example, you might request that when I phone you at home or work, I do not say my name or the nature of the call, but rather use my first name only. If this information is not provided to me (below), I will adhere to the following procedure when making phone calls: First I will ask to speak to the patient (or guardian) without identifying who I am. If the person answering the phone asks for more identifying information I will identify myself by first name only (to protect confidentiality) and say that it is a personal call. If I reach an answering machine or voice mail I will follow the same guidelines.

#### **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 protected health information. 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. On your request, I 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 in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and Psychotherapy Notes. On your request, I will discuss with you the details of the request for access 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. 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. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper and/or Electronic 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. Upon request, you can obtain an electronic copy of your records.
- *Minors/Guardianship* – Parents or legal guardians of non-emancipated minor patients have the right to access the patient's records. Illinois law does offer additional provisions and protections for minors between 12 and 17 years of age.
- *Right to Restrict Disclosures with Out-of-Pocket Payment* – You have the right to restrict certain disclosures of PHI information to a health plan when you have paid out-of-pocket in full for my services.
- *Right to be Notified of a Breach of Unsecured PHI Information* – you have the right to be notified if: there is a breach of use or discloser of PHI in violation of HIPAA; PHI information has not been encrypted by government standards; my risk assessment fails to determine that there is a low level risk that your PHI has been compromised.

#### 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 provide you with a revised notice either in person or by mail.

#### **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, please bring your concern to my attention (Dr. Kate Yoder, PSYD; 435-200-5525). I will get back to you in a timely manner.

If the matter cannot be resolved satisfactorily, there are appropriate state and federal agencies that can provide assistance. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services and/or the state licensing board. The person listed above can provide you with the appropriate address upon request.

#### **Effective Date, Restrictions, and Changes to Privacy Policy:**

This notice will go into effect on: October 1, 2013. 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 either in person or by mail.

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

Patient name (s) (please print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient(s) signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian/Personal Representative name, if applicable (please print): \_\_\_\_\_

Guardian/Personal Representative signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed by:  patient  guardian  personal representative

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Copy of Notice:

Given to patient (or guardian/personal representative)  Placed in file