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NOTICE OF PRIVACY PRACTICES

PSYCHOLOGISTS' POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION (HIPAA)

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please review it carefully.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS:

There are instances where I may **use** or **disclose** your *protected health information (PHI)* for **treatment, payment, and health care operations** purposes with your consent.

- **Use** applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclose** applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.
- **PHI** refers to information in your health record that could identify you.
- **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 mental health provider.
- **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 for 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.

II. OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION

I 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 I am asked for information for purposes outside of treatment, payment

and 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 medical record. These notes are given a greater degree of protection than PHI. 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) I have 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.

I will also obtain an authorization form from you before using or disclosing

- PHI in a way that is not described in this Notice
- Psychotherapy notes

III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

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

- **Child Abuse:** If I know or have reasonable cause to suspect that a child has been abused or neglected, I am required by law to immediately report that information to the Department of Children and Families.
- **Adult Abuse:** If I know or have reasonable cause to suspect that an elderly (age 60 or older) or disabled person has been abused, neglected, or exploited, I am required by law to immediately report that information to the appropriate agencies, which may include the Massachusetts Department of Elder Affairs or the Disabled Persons Protection Commission.
- **Health Oversight:** If the Massachusetts Board of Registration of Psychologists is conducting an investigation, then I am required to disclose your mental health records upon receipt of a subpoena from the Board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and/or the records thereof, such information is privileged under state law and I will not release information without your written 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 will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to me a serious threat of imminent harm to the health or safety of any individual, including yourself, I must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. I must also do so if I know you have a history of physical violence and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person.

- **Worker’s Compensation:** If you file a workers’ compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Worker’s Compensation.
- **When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the Massachusetts’s confidentiality law:** This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. 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 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 cases, 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.)
- **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. I may deny your access to PHI under certain circumstances, but in some 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. 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 for which you have neither provided consent nor authorization. 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.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- **Right to be Notified if There is a Breach of Your Unsecured PHI:** You have a right to be notified if: 1) there is a breach (a use or disclosure of your PHI in violation of the HIPAA

Privacy Rule) involving your PHI; 2) that PHI has not been encrypted to government standards; and 3) my risk assessment fails to determine that there is a low probability 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 post a current copy of this notice in my office and will provide you with a paper copy with the new effective date on request.

V. QUESTIONS AND COMPLAINTS

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me directly at (413) 345-6607. If you believe that your privacy rights have been violated and wish to file a complaint, you may contact the Office for Civil Rights at (617) 565-1340. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VI. EFFECTIVE DATE, RESTRICTIONS AND CHANGES TO PRIVACY POLICY

This notice will go into effect on June 1, 2015.

Your signature below indicates that you have read and received a copy of this information.

Client’s Printed Name

Client or Parent/Guardian Signature

Date

Caitlin Shepherd, Ph.D.

Date

Initials _____