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PRIVACY NOTICE:

Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information: Health Insurance Portability Accountability Act (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. PLEASE REVIEW IT 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 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" refers to my provision, coordination, or management of 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 practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of my 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 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 obtain an authorization from you before releasing "Psychotherapy notes" which are notes I may have taken/maintained during individual, group, joint, or family therapy sessions, which may be kept separate from the rest of your medical record and which are given a greater degree of protection than PHI. I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice as well as PHI to be used for marketing purposes.

You may revoke all such authorizations (of PHI or psychotherapy notes) for future disclosures at any time, provided each revocation is in writing. You may not revoke an authorization 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 That Do Not Require Consent or Authorization

I may use or disclose PHI without your consent or authorization as allowed or mandated by law, in the following circumstances:

- **Serious Threat to Health or Safety:** If I believe that you pose a clear and substantial risk of imminent serious harm, to yourself or another person I 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 me an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and I believe you have the intent and ability to carry out the threat, then I may 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). I will take the action that presents the least harm to you.
- **Known or Suspected Child Abuse or Neglect:** If I, in my professional capacity, know or have reason to suspect that a child under 18 years of age or a 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 of the child or developmentally disabled individual under 21, I am required by law to immediately report that knowledge or suspicion to an appropriate government agency, usually the County Children Services Agency, or a municipal or county peace officer. Once such a report is filed, I may be required to provide additional information.
- **Known or Suspected Abuse, Neglect, or Exploitation of Adults:** If I, in my professional capacity, have reasonable cause to believe that a developmentally disabled and/or elderly adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, I am required by law to immediately report that knowledge or suspicion to an appropriate government agency, usually the County Department of Job and Family Services or the Department of Developmental Disabilities. Once such a report is filed, I may be required to provide additional information. If I, in my professional capacity, know or have reasonable cause to believe that an adult client has been the victim of domestic violence, I must note that knowledge or belief and the basis for it in that client's records.
- **Worker's Compensation:** If you file a worker's compensation claim, I may be required to give your mental health information to relevant parties and officials.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis, or treatment, and the record thereof, such information is privileged under state law. I will not release information without your (or your personal or legal representative's) written authorization or a court order. The privilege does not apply when you are being evaluated by a third party or when the evaluation is court ordered. You will be informed in advance if this is the case.
- **When the Use and Disclosure without Your Consent or Authorization is Allowed Under Other Sections of the Privacy Rule and State Laws:** This includes certain narrowly-defined disclosures to law enforcement agencies, health oversight agencies (including Health and Human Services), coroner or medical examiner; for audits, investigations, public health purposes relating to disease control or FDA-regulated products, or for specialized government functions and national security and intelligence. This includes disclosures to law enforcement agencies in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements; and when required to do so by federal, state or local law.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- **Right to Request Restrictions and Disclosures:** You have the right to request restrictions on certain uses and disclosures of protected health information about you for treatment, payment, or health care operations. I am not required to agree to a restriction you requested and may deny so if it would affect your care. You also have the right to restrict certain disclosures of PHI to your health plan when you

are paying/have paid in full out-of-pocket in full for my services and have made this request ahead of the service and the law does not otherwise require me to share the information.

- 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. If your request is reasonable, then I will honor it.
- Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record, in the format of your choice if the format is reasonable and accessible. I may charge you reasonable amounts for copies, mailing, or associated supplies under most circumstances. I may deny your request to inspect and/or copy your record or parts of your record in certain circumstances, but you may have this decision reviewed.
- Right to Amend: You have the right to request an amendment of PHI that you think is incorrect or incomplete for as long as the PHI is maintained in the record. I may deny your request, but will discuss my reasoning with you and will note the request. Upon your request, I will discuss with you the details of the amendment process.
- Right to an Accounting: You have the right to receive an accounting of disclosures of PHI over the six years prior to the date of your request; including disclosures at your request, not including those for treatment, payment, or health care operations. On your request, I will discuss with you the details of the accounting process. You have the right to receive one accounting per year at no cost; we will charge a reasonable, cost-based fee for another accounting within 12 months.
- Right to a Paper Copy: You have the right to obtain a paper copy of this Notice from me upon request, even if you have agreed to receive the notice electronically.

My Duties:

- I am required by law to maintain the privacy and security of PHI and to provide you with this 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 notified of such changes, however, I am required to abide by the terms currently in effect.
- If I change my policies and procedures, I will make available a copy of the revised notice to you on my website, if I maintain one, and at my office. You can request a paper copy of the revised notice.
- If I learn that (a) a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) has occurred involving your PHI; (b) that PHI has not been encrypted to government standards; or (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised, I will promptly notify you.

V. Complaints

If you feel that I have violated your privacy rights or you disagree with a decision I make about access to your records, you may file a complaint with me and/or this organization's Privacy Officer (indicated below). You may also submit a complaint to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. There will be no retaliation against you for filing a complaint.

VI. Effective Date

This notice is effective as of March 6, 2023.

VII. Privacy and Security Officer

Audrey Greene, Psy.D., ABPP acts as Privacy and Security Officer for this organization. Her contact information is listed below.

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