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**NOTICE OF PSYCHOLOGIST’S POLICIES AND PRACTICES TO PROTECT  
THE PRIVACY OF YOUR HEALTH INFORMATION**

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 CAREFULLY REVIEW THIS INFORMATION AND FEEL FREE TO ASK QUESTIONS. IF YOU WOULD LIKE MORE INFORMATION, A BINDER CONTAINING IN-DEPTH EXPLANATIONS OF HIPAA RULES IS AVAILABLE UPON REQUEST.

**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. To help clarify these terms, here are some definitions:

- “Use” applies only to activities within the office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies an individual patient.
- “Disclosure” applies to activities outside the office, such as releasing, transferring, divulging, or providing access to information about a patient to other parties.
- “Protected Health Information,” referred to as “PHI” throughout this document, is information in a clinical health record that can be used to identify a specific patient.
- *Treatment* is when a psychologist provides, coordinates, or manages health care and other services related to patient health care. *Payment* is when reimbursement is obtained for healthcare services.
- *Health Care Operations* are activities that relate to the performance and operation of this 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.
- “Authorization” is a patient’s 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 such instances, I will obtain authorization from you before releasing any information. I will also need to obtain an authorization before releasing your *Psychotherapy Notes*. “Psychotherapy Notes” means notes recorded in any medium by a mental health professional, documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorization (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, the law provides the insurer the right to contest the claim under the policy.

### **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 there is a belief or a reason to believe that a child may be a victim of child abuse or neglect, this information must be reported to the appropriate authorities.
- *Adult and Domestic Abuse.* If there is a belief or a reason to believe that an individual is an endangered adult, this information must be reported to the appropriate authorities.
- *Health Oversight Activities.* If the Indiana Attorney General's Office (who oversees complaints brought against psychologists instead of the Indiana State Psychology Board) is conducting an investigation into this practice, then disclosure of PHI is required upon receipt of a subpoena.
- *Judicial and Administrative Proceedings.* If a patient is involved in a court proceeding and a request is made for information about the professional services provided and/or the records thereof, such information is privileged under state law, and such information will not be released without the written authorization of the patient or his/her legally appointed representative or a court order. The privilege does not apply when a patient has been evaluated for a third party or where the evaluation is court ordered. Patients will be informed in advance if this is the case.
- *Serious Threat to Health or Safety.* If you communicate to me an actual threat of violence to cause serious injury or death against a reasonably identifiable victim or victims or if you exhibit conduct or makes statements indicating an imminent danger that you will use physical violence or use other means to cause serious personal injury or death to others, I must take the appropriate steps to prevent that harm from occurring. If there is a reason to believe that you present an imminent, serious risk of physical harm or death to him/her self, such information may be disclosed in order to protect the patient. In both cases, only the minimum amount of information necessary to protect you shall be disclosed without further authorization.
- *Worker's Compensation.* Protected health information may be released regarding a patient as authorized by and to the extent necessary to comply with laws relating to worker's compensation or disability. Other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault may also require release of protected health information.

### **Patients' 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 non-custodial family member know that your child is coming to therapy. On request, I will send mail 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 your child for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances.
- *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 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 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 a copy of the revised policies and procedures at your next appointment following the revision or by mail.

### **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 in writing with your concerns or disagreement.
- If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to: Anne K. Conley-Goldstein, Ph.D., HSPP, 3077 East 98<sup>th</sup> Street, Suite 170, Indianapolis, IN 46280. If your concerns are not resolved to your satisfaction, you may also send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights, Region V, 233 North Michigan Avenue, Chicago, IL 60601, (312) 886-2359.
- You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

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

This notice became effective on April 13, 2003

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 revise notice at your next scheduled appointment or by United States mail to the most recent address I have on file for you.