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## **Notice of Policies and Practices to Protect the Privacy of Your Patient's 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 REVIEW IT CAREFULLY.

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Your practitioner may *uses* or *disclose* your **protected health information (PHI)**<sup>1</sup>, for treatment<sup>2</sup>, payments<sup>3</sup>, and health care operations<sup>4</sup> purposes with your consent.

1. **PHI** – refers to information in your health record that could identify you.
2. **Treatment** – is when your practitioner provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when your practitioner consults with another health care provider, such as your family physician or another practitioner.
3. **Payment** – is when your practitioner obtains reimbursement for your healthcare. Examples of payment are when your practitioner discloses PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
4. **Health Care Operations** – are activities that relate to the performance and operation of your practitioner's practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management, care coordination, and supervision.
5. **Use** – applies only to activities within this office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
6. **Disclosure** – applies to activities outside this office, such as releasing, transferring, or providing access to information about you to other parties.

### **II. Uses and Disclosures Requiring Authorization**

Your practitioner may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization<sup>1</sup> is obtained.

In those instances when your practitioner is asked for information for purposes outside treatment, payment, or health care operations, they will obtain an authorization from you before releasing this information.

Your practitioner will also need to obtain an authorization from you before releasing your Psychotherapy Notes<sup>2</sup>. These notes are given a greater degree of protection than PHI.

1. Authorization – is a written permission above and beyond the general consent that permits only specific disclosures.

2. Psychotherapy Notes – are notes your practitioner has made about your conversations during a private, group, joint, or family counseling session, which are separate from the rest of your medical record.

**You may revoke all such authorizations (of either PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your practitioner has 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.**

### **III. Uses and Disclosures with Neither Consent nor Authorization**

Your practitioner may use or disclose PHI **without your consent or authorization** in the following circumstances:

**Ä Child Abuse** – If your practitioner has reasonable cause to suspect child abuse or neglect, this suspicion **MUST** be reported to the appropriate authorities, as required by law.

**Ä Adult and Domestic Abuse** – If there is reasonable cause to suspect adult/domestic abuse, a report of this suspicion to the appropriate authorities is required by law.

**Ä Health Oversight Activities** – If a subpoena is received or another lawful request is made from the Department of Health or a relevant licensing board, your practitioner must disclose the relevant PHI pursuant to that subpoena or lawful request.

**Ä Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and will **NOT** be released without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

**Ä Serious Threat to Health or Safety** – If you communicate a threat of physical violence against a reasonably identifiable third person, and you have the apparent intent and ability to carry out that threat in the foreseeable future, your practitioner may disclose relevant PHI and take the reasonable

steps permitted by law to prevent the threatened harm from occurring. If it is believed that there is an imminent risk that you will inflict serious physical harm on yourself, your practitioner may disclose PHI in order to protect you.

**Ä Worker's Compensation** – Your practitioner may disclose PHI regarding you as authorized by, and to the extent necessary to comply with the 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.

#### **IV. Patient's Rights and Clinical Social Worker's Duties**

##### **Patient's Rights**

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI. However, your practitioner is 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 a practitioner, so you request that your practitioner 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 your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your access to PHI under certain circumstances may be denied, but in some cases you may have this decision reviewed. Upon your request, your practitioner will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request, your practitioner 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, your practitioner 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 upon request, even if you have agreed to receive the notice electronically.

##### **Practitioner's Duties**

- Your practitioner is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- Your practitioner reserves the right to change the privacy policies and practices described in this notice. Unless notified of such changes, however your practitioner is required to abide by the terms currently in effect.
- If these policies and procedures are revised, your practitioner will notify all active patients at their next appointment. Those who are not actively in treatment may be notified by calling or writing to the office and asking the date of the most recent version

of my policies and procedures. A copy will be provided upon request. In addition, a new notice will be posted in the office.

**V. Questions and Complaints**

If you have questions about this notice, disagree with a decision regarding access to your records, or have other concerns about your privacy rights, you may contact the privacy officer, Joan Stein, at (810) 220-2385. If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to the privacy officer above. You may need to send a written 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. You have specific rights under the Privacy Rule. Your practitioner will not retaliate against you for exercising your right to file a complaint.

**VI. Effective Date**

This notice goes into effect on January 1, 2004.