

Washington Psychological Services

NOTICE OF PRIVACY PRACTICES

Effective April 1, 2003, updated September 30, 2013

This notice describes how medical information about you may be used and disclosed and how to get access to this information.

Please read it carefully.

If you have any questions regarding this notice, you may contact our privacy officer at:

Michael Crabtree, Ph.D.

87 East Maiden Street, Suite 38, Washington, PA 15301
724-222-8525 Ext. 1

Your Protected Health Information

Washington Psychological Services is required by the federal privacy rule to maintain the privacy of health information that is protected by the rule, and to provide you with notice of our legal duties and privacy with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health or condition, the provisions of health care to you, or payment for health care provided to you, and individually identifies you or reasonable can be used to identify you.

Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

Uses and Discloses of Your Protected Health information

Treatment, payment and health care operations

This section describes how we can use and disclose your protected health information for treatment, payment and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment and health care operations will be listed.

Treatment- We may use and disclose your protected health information for our treatment purpose as well as treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

During an office visit, Psychiatrists, Social Workers, Licensed Psychologist, and other staff involved in your care may review your medical record and share and discuss your medical information with each other.

We may share and discuss your medical information with an outside physician to whom we have referred you for care. We may share and discuss your medical information with an outside laboratory or other health care facility where we have referred you for testing.

We may share and discuss your medical information with a hospital,

or other health care facility where we are admitting or treating you. We may share and discuss your medical information with another health care provider who seeks this information for the purpose of treating you.

We may use a patient sign-in sheet in the waiting area which is accessible to all patients.

We may page patients in the waiting area when it is time for them to go for their appointment.

We may contact you to provide appointment reminders.

Payment- We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer. Some examples of payment uses and disclosures include: Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.

Submission of claim forms to your health insurer.

Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.

Sharing your demographics information(for example, your address) with other health care providers who seek this information to obtain payment for health care services.

Mailing your bills in envelopes with our practice name and return address.

Provision of a bill to a family member or other person designated as responsible for payment for services rendered to you.

Providing medical records and other documentation to your health insurer to support the medical necessity of a health service.

Allowing your health insurer access to your medical record for a medical necessity or quality review audit.

Providing consumer reporting agencies with credit information(your name, address, date of birth, social security number, payment history, account number and our name and address).

Providing information to a collection agency or our attorney for purpose of securing payment of a delinquent account.

Disclosing information in a legal action for purpose of securing payment of a delinquent account.

Health Care Operation- We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purpose include:

Quality assessment and improvement activities.

Population bases activities related to improving health or reducing health care cost.

Conducting training programs for student interns.

Reviewing the competence, qualifications, or performance of health care professionals.

Accreditation, certification, licensing and credentialing activities. Health care fraud and abuse detection and compliance programs.

Conducting other medical review, legal services, and auditing functions.

Business planning and development activities, such as conducting cost management and planning related analyses.

Sharing information regarding patients with entities that are interested

in purchasing our practices and turning over patient records to entities that have purchased our practice.

Other business management and general administrative activities, such as compliance with the federal privacy act rule and resolution of patient grievances.

Use and Disclosures of other Purposes

We may use and disclose your protected health information for other purposes. This section describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in this category will be listed. (Some examples fall into more than one category, not just the category under which they are listed).

Individual involved in care or payment for care- We may disclose your protected health information to someone involved in your care or payment for your care such as spouse, family member, or close friend.

Notification purpose- We may use and disclose your protected health information to notify, or to assist in the notification of a family member personal representative, or another person responsible for your care, regarding your location, general condition, or death. For example, if you are hospitalized, we may notify a family member of your general condition and where you were admitted.

Required by law- We may use and disclose your protected health information when required by federal, state, local law. For example, we may disclose your protected health information to comply with mandatory reporting requirements involving child abuse, disease prevention and control, etc.

Other public health activities- We may use and disclose your protected health information for public health activities, including: Public health reporting, for example, communicable disease reports. Child abuse and neglect reports. FDA-related reports and disclosures, for example, adverse event reports.

Victims of abuse, neglect, or domestic violence- We may use and disclose your protected health information for purpose of reporting abuse, neglect or domestic violence in addition to child abuse, for example, reports of elder abuse to the Department of Aging.

Health oversight activities- We may use and disclose your protected health information for purpose of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings.

Judicial and administrative proceedings- We may use and disclose your protected health information in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case which your medical condition is at issue.

Law enforcement purposes- We may use and disclose your protected health information for certain law enforcement purposes including:

Comply with legal process, for example, search warrant.

Respond to a request for information for identification/location purposes.

Respond to request for information about a crime victim.

Report a death suspected to have resulted from criminal activity.

Provide information regarding a crime on the premises.
Report a crime in an emergency.

Threat to public safety- We may use and disclose your protected health information for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

Specialized government functions- We may use and disclose your protected health information for purposes involving specialized government functions including:
Military and veterans activities.
National security and intelligence.
Protective services for the President and others.
Medical suitability determined for the Department of State.
Correctional institutions and other law enforcement custodial situations.

Worker's Compensation and similar programs- We may use and disclose your protected health information as authorized by and to the extent necessary to comply with laws relating to worker's compensation or similar programs, established by law, that provider fault. For example, this would include submitting a claim for payment to your employer's worker's compensation carrier if we treat you for a work injury or illness.

Business associates- Certain functions of the practice are performed by a business associate such as a billing company, an accountant firm, or a law firm. We may use and disclose your protected health information to our business associates and allow them to create and receive protected health information on our behalf.

Incidental disclosures- We may use and disclose your protected health information as by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting area.

Uses and Disclosures with Authorization

For all which do not fall under a category listed under sections II.A. and II.B., we will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

Patient Privacy Right

Further restrictions on use or disclosure.

You have a right to request that we further use and disclose of your protected health information:
To carry out treatment, payment, or health care operations.
To someone who is involved in their care or the payment for your care, or for notification purposes.

We are required to agree to a request for further restriction. We will provide a response to your request within a specified time frame.

To request a further restriction, you must submit a written request to

our privacy officer. The request must tell us:
What information you want restricted.
How you want the information restricted, and
To whom you want the restricted to apply.

We will provide a response to your request within a specified time frame.

Confidential Communication

You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you may request that we only contact you by mail or at work. We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications you must submit a written request to our privacy officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handles. We will provide a response t your request within a specified time frame.

Accounting of Disclosures

You have a right to obtain, upon request, an "accounting" of certain disclosures of your protected health information by us (or a business associate for us). This right is limited to disclosures within six years of the request and other limitations. Also, in limited circumstances, we may charge you for providing accounting. The request should designate the applicable time period. We will provide a response to your request within a specified time frame.

Inspection and Copying

You have a right to inspect and obtain a copy of your protected health information that we maintain in a designated record set. This right is subject to limitations, and we may impose a charge for the labor and supplies involved in providing copies.

To exercise your right of access, you must submit a written request to our privacy officer. The request must:
Describe the information to which access is requested
State how you want to access the information, such as inspection, pick-up a copy, mailing of copy, etc.
Include the mailing address, if applicable
We will provide a response to your request within a specified time frame.

Right to Amendment

You have a right to request that we amend protected health information that we maintain about you in a designated record set if the information is incorrect or incomplete. This right is subject to limitations. You must submit a written request to our privacy officer. The request must specify each change that you want and provide a reason to support each change. We will provide a response to your request within a specified time frame.

Paper Copy of Privacy Policy

You have a right to receive, upon request, a paper copy of our Notice

of privacy Practices. To obtain a paper copy, contact our privacy officer.

Changes to this notice

We reserve the right to change this notice at any time. We further reserve the right to make any changes effective for all protected health information that we maintain at the time of the change-including information that we created or received prior to the effective date of the change.

Complaints

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or the Secretary of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our privacy officer. We will not retaliate against you for filing a complaint.

Legal Effect of This Notice

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.

If there is a breach of your confidentiality, then I must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless I (the covered entity) can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.

If you are self-pay, then you may restrict the information sent to insurance companies.

Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases that are not mentioned in this Privacy Notice (such as mandated reporting of child abuse, reporting of elder abuse, reporting of impaired drivers, etc.)

You have a right to receive a copy of your Protected Health Information in an electronic format or (through a written authorization) designate a third party who may receive such information.

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