

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 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, Payment, and Health Care Operations**
 - *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 behavioral health professional.
 - *Payment* is when I obtain reimbursement for your health care. An example of payment is when I disclose your PHI to your health insurer to obtain a 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 healthcare operations are quality assessment and improvement activities, business related matters such as audits and administrative services in case management and care coordination.
- **Use** applies only to activities within my office clinic, practice group etc. (such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of my office, clinic, practice, group, etc. (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 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.

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 and or Neglect (Child Endangerment):** If I have reasonable cause to believe that a child has been subjected to child abuse, including sexual abuse, or acts of child abuse, I must report this immediately to the New Jersey Division of Child Protection and Permanency.
- **Adult and Domestic Abuse:** If I reasonably believe that a vulnerable adult is the subject of abuse, neglect or exploitation, I may report the information to the county Adult Protective Services provider
- **Health Oversight:** If the New Jersey State Board of Psychological Examiners, the New Jersey State Board of Marriage and Family Examiners, or the New Jersey Board of Social Work Examiners issues a subpoena, I may be compelled to testify before the board and produce your relevant records and papers.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I must inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to me a threat of imminent serious physical violence against a readily identifiable victim or yourself and I believe you intend to carry out that threat, I must take steps to warn and protect. I also must take such steps if I believe you intend to carry out such violence, even if you have not made a specific verbal threat. The steps I take to warn and to protect, may include arranging for you to be admitted to a psychiatric unit of a hospital or health care facility, advising the police of your threat and the identity of the intended victim, warning the intended victim or his or her parents if the intended victim is under the age of 18, and warning your parents if you are under the age of 18.
- **Workers Compensation:** If you file a worker's compensation claim, I may be required to release relevant information from your mental health record to a participant in the worker's compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Workers Compensation, or the Compensation Rating and Inspection Bureau.

IV. Patient's Rights and Psychologist's and Licensed Professional Counselor's Duties

Patient's Rights

- **Right to 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 by PHI by 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 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. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. Upon your request, I will discuss with you the details of the amendment process.

- **Right to Amend:** You have the right to request an amendment of our PHI for as long as the PHI is maintained in the record. I may deny the request. Upon your request, I will discuss with you the details of the amendment process.
- **Right to Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this Notice upon request, even if you have agreed to receive notices electronically.

Psychologists and Licensed Professional Counselor'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 notify you by mail or an office.

V. Complaints

If you are concerned that I have violated your privacy rights or you disagree with the decision I made about access to your records, you may contact Dr. James Spitalny. You may also send a written complaint to the secretary of the US Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on March 8, 2021.

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 revised notice by the week of the changes.