

Notice of Privacy Practices

This notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). **Please review this carefully.**

Basset Psychological Services (BPS) is dedicated to maintaining the privacy of your **Protected Health Information (PHI)**.

PHI is individually identifiable health information about you that relates to your past, present or future physical or mental health condition or related care services.

Use applies to only activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Disclosure applies to activity outside of the practice such as releasing, transferring, or providing access to information about you to other parties.

1. WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU. The following categories describe different ways that we may use and disclose your medical information. These are examples and, therefore, not every permitted use and disclosure is listed.

Treatment. We may use PHI to provide you with treatment-related health care services and psychological testing services. We may disclose PHI about you to support staff, or other personnel who are involved in providing your mental health services to you. We may also share medical information about you in order to coordinate the different services you need, such as additional therapy, case management and medical referrals. We may also disclose PHI to health care providers outside of BPS who may be involved in your care, such as your family physician, psychologist, or other mental health professional.

Payment. We may use and disclose PHI so that we may receive payment from you or a third party for the treatment and services you received.

Health Care Operations. We may use and disclose PHI in order to operate BPS. These uses and disclosures are necessary to run BPS and make sure that our clients receive quality health care. Examples include business related matters such as audits and administrative services, as well as quality assurance and quality improvement activities. We may also provide PHI to other healthcare providers who have a relationship with you and need the information for their own healthcare operations.

Business Associates. We may disclose PHI to our business associates who need that information in order to provide a service to us or on behalf of us. A business associate is a person who is not part of BPS staff but is a company or other entity which uses or has access to your medical information in order to perform a function on behalf of BPS. For example,

business associates of BPS may include electronic medical record companies, collection agencies, document shredding companies, consultants, accountants, and attorneys. Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services. We may use and disclose PHI to contact you as a reminder that you have an appointment at BPS. We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved With or Concerned About Your Care or Payment for Your Care. We may release information about your condition or treatment to a family member relevant to his/her involvement in your care.

Child Abuse and Neglect. We must disclose information in the cases of suspected child abuse or neglect to a Public Health Authority or other appropriate government authority authorized by law to receive such reports. Our staff will only disclose the PHI that is required by law.

Abuse, Neglect, and Domestic Violence. If a staff member reasonably believes that an adult over the age of 60 or an adult with a mental or developmental disability is being abused, neglected or exploited, we must disclose PHI to the Public Health Authority or other appropriate government authority.

To Avert a Serious Threat to Health or Safety. We may, in good faith, use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Worker's Compensation. If you file a worker's compensation claim, we may be required to give PHI to relevant parties.

Third Party Requests. We may release your PHI when your services were provided as a third party request (e.g., Bureau of Disability Determination, Bureau of Worker's Compensation, Bureau of Vocational Rehabilitation).

Other Disclosures Required by Law, Judicial and Administrative Proceedings. As required by law, we may disclose you PHI to the following entities or under the following circumstances:

- When required to do so by federal, state or local law. Examples include regulations regarding disclosures to health oversight agencies, judicial or administrative agencies, and law enforcement authorities.
- For public health activities such as the prevention or control of disease, injury or disability; reporting of births and deaths; reporting of child abuse or neglect; and, reporting of reactions to medications or problems.
- To a health oversight agency for activities allowed by law such as audits, investigations, inspections and licensure or disciplinary actions.
- If you are in a lawsuit or dispute, in response to a Court Order or Administrative Order or certain subpoenas.

- To a law enforcement official about a death we believe may be the result of criminal conduct; about criminal conduct at our facility; and, in emergency circumstances, to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

Research. Under certain circumstances, we may use and disclose PHI for research purposes. Research projects are subject to a special approval process and established rules to ensure privacy.

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner medical examiner, or funeral directors as necessary to carry out their duties.

Military/Veterans and National Security and Intelligence Activities. If you are a member of the armed forces, we may release PHI as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may release PHI to authorized federal officials for intelligence and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or the law enforcement official.

2. WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES.

BPS may use or disclose PHI for purposes not covered by this Notice or the law only with your written authorization. An authorization is written permission allowing us to disclose specific PHI to a specified party for a specific purpose. You may revoke authorization in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons indicated in your written Authorization. You understand that we are unable to take back any disclosures that we made before we received your written notice revoking your Authorization.

3. INDIVIDUAL RIGHTS. Your rights regarding your PHI:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI. This includes your medical and billing records but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

To inspect or obtain a copy of your medical information, you must submit your request in writing to BPS staff. We may deny your request in certain circumstances. If you are denied access to your medical information, you may request that the denial be reviewed.

Right to Amend. If you think that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long the information is kept by or for our office. You can make such a request to our staff in writing, including the reason for the request.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures made for purposes other than treatment, payment and health care operations or for which you provided written authorizations.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction or limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request for a restriction or limitation. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You have a right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our website which will include the effective date.

4. COMPLAINTS. If you are concerned that we have violated your privacy rights or disagree with a decision we have made regarding access to your records, you may contact:

Katie Andolina, office manager, at 513-271-9700

You may also file a written complaint with our office or with the Secretary of the U.S. Department of Health and Human Services.

EFFECTIVE DATE: April 20, 2020.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

HIPAA requires that we provide you with this Notice of Privacy Practices that describes how BPS will use and disclose your or your child's physical/mental health information and explains your HIPAA Privacy Rights.

I received a copy of the Notice of Privacy Practices.

Client or Parent/Guardian Name

Date

Signature

Date

FOR STAFF USE ONLY

Staff: If the client or parent/guardian (in the case of minors) did not sign, you must document below your efforts to obtain the client's acknowledgement of receipt of NPP and the reason why it was not obtained.

The staff member gave the NPP to the client or parent/guardian, but they did not sign because:

Refused to sign

Other reason: _____

Staff Signature

Date