

MENTAL HEALTH RESOURCES, PLLC

PATIENT NOTIFICATION OF PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information . Commonly referred to as the “medical records privacy law”, HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”), the keeping and use of patient records (“privacy rules”), and storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide patients a notification of their privacy rights as it relates to their health care records.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you do not have formal legal training. Our Patient Notification of Privacy Rights is our attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document as it is important you know what patient protections HIPAA affords all of us. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask us for further clarification.

By law, we are required to secure your signature below indicating you have received this Patient Notification of Privacy Rights Document. Thank you for your thoughtful consideration of these matters.

I, _____, understand and have been provided a copy of MHR’s Patient Notification of Privacy Rights Document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand I have the right to review this document before signing this acknowledgment form.

Patient Signature or Parent if Minor or Legal Charge Date
If Legal Charge, describe representative authority: _____

This notice describes how your mental health records may be used and disclosed and how you can get access to this information. Please read it carefully.

I. Preamble

Most mental health Licensing Laws provide extremely strong privileged communication protections for conversations between your therapist and you in the context of your established professional relationship. There is, however, a difference between privileged conversations and documentation in your mental health records. Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information must be included in your “designated medical record”.

HIPAA provides privacy protections about your personal health information, which is called “protected health information” which could personally identify you. PHI consists of three (3) components: treatment, payment, and health care operations.

Treatment refers to activities that coordinate or manage your mental health care or other services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your medication or overall overall medical condition.

Payment refers to reimbursement for your mental health care. The clearest example of this parameter is billing and collection activities and filing insurance on your behalf.

Health care operations are activities related to the performance of our practice such as quality assurance. In mental health care, the best example of health care operations is when utilization review occurs, a process in which your insurance company reviews our work together to see if your treatment is “medically necessary”.

The use of your protected health information refers to activities our office conducts for filing your claims, scheduling appointments, keeping records and other tasks within our office related to your care. Disclosures refers to activities you authorize which occur outside our office such as the sending of your protected health information to other parties (i.e., your primary care physician, psychiatrist, attorney, etc.).

II. Uses and Disclosures of Protected Health Information Requiring Authorization

Tennessee requires authorization and consent for treatment, payment and healthcare operations. HIPAA does nothing to change this requirement by law in Tennessee. We may disclose PHI for the purposes of treatment, payment and healthcare operations with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations, authorizing us to provide treatment and to conduct administrative steps associated with your care (i.e., file insurance for you).

Additionally, if you ever want us to send any of your protected health information of any sort to anyone outside our office, you will need to sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon request. The

requirement of you signing an additional authorization form is an added protection to help insure your protected health information is kept strictly confidential.

There is a third, special authorization provision potentially relevant to the privacy of your records: psychotherapy notes. HIPAA permits keeping separate “psychotherapy notes” separate from the overall “designated medical record”. “Psychotherapy notes” cannot be secured by insurance companies nor can they insist upon their release for payment of services as has unfortunately occurred over the last two decades of managed mental health care. “Psychotherapy notes” are notes “recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session and that separated from the rest of the individual’s medical record”. “Psychotherapy notes” are not the same as your “progress notes” which provide the following information about your care each time you have an appointment at our office: medication prescriptions and monitoring, session start and stop times, the modalities of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date. In the event of psychological testing, please note that the actual test questions or raw data of psychological tests which are protected by copyright laws and the need to protect patients from unintended, potentially harmful use are not part of your record.

Certain payors of care, such as insurance carriers, Medicare and Workers Compensation, may require the release of all clinical records in order to pay for your care. You will need to sign an authorization allowing us to release your records if you use your insurance. We will attempt to limit reviews of your protected health information to your “designated record set” which includes the following: all identifying paperwork you completed when you first started your care here, all billing information, a summary of our first appointment, your mental status examination, your individualized, comprehensive treatment plan, your discharge summary, progress notes, reviews of your care by managed care companies, results of psychological testing, and any authorization letters or summarizes of care you have authorized us to release on your behalf.

You may, in writing, revoke all authorizations to disclose protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed us to do or if the authorization was obtained as a condition for obtaining insurance and Tennessee law provides the insurer the right to contest the claim under the policy.

III. Business Associates Disclosures

HIPAA requires that we train and monitor the conduct of those performing ancillary administrative services and refers to these people as “Business Associates”. Business associates include our answering service, billing and collection agency involved in activities which bring them into some measure of contact with your protected health information. Our clerical staff do not have access to those sections of your designated medical record that contains the particulars of your mental health concerns; ONLY treating therapists have access to your full designated mental health record.

IV. Uses and Disclosures Not Requiring Consent nor Authorization

By law, protected health information may be released without your consent or authorization:

- . Child abuse
- . Suspected sexual abuse of a child
- . Adult and Domestic Abuse
- . Health Oversight Activities (i.e., licensing board for Psychology in Tennessee)
- . Judicial or administrative proceedings (i.e., if you are ordered here by the court for an independent child custody evaluation in a divorce)
- . Serious Threat to Health or Safety (i.e., our “Duty to Warn” Law, national security threats)
- . Workers Compensation Claims (if you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/or insurer(s).

We never release any identifying information for marketing purposes.

V. Patient’s Rights and Our Duties

You have a right to the following:

- . The right to request restrictions on certain uses and disclosures of your protected health information which we may or may not agree to but if we do, such restrictions shall apply unless our agreement is changed in writing;
- . The right to receive confidential communications by alternative means and at alternative locations. For example, you may not want your bills sent to your home address so we will send them to another location of your choosing;
- . The right to inspect and copy your protected health information in our designated mental health record set and any billing records for as long as protected health information is maintained in the record;
- . The right to amend material in your protected health information, although we may deny an improper request and/or respond to any amendment(s) you make to your record of care.
- . The right to an accounting of nonauthorized disclosures of your protected health information;
- . The right to a paper copy of notices/information from us, even if you have previously requested electronic transmission of notices/information; and
- . The right to revoke your authorization of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask your therapist for further assistance on these matters. We are required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and our duties regarding your PHI. We reserve the right to change our privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of the policies when you come for your future appointment(s). Our duties on these matters include maintaining the privacy of your protected health information, to provide you this notice of your rights and our privacy practices with respect to your PHI, and to abide by the terms of this notice unless it is changed and you are so notified. If for some reason you desire a copy of our internal policies for executing privacy practices, please let us know and we will get you a copy of these documents.

VI. Complaints

Your therapist is the appointed "Privacy Officer" for you. If you have any concerns of any sort that our office may have somehow compromised your privacy rights, please do not hesitate to speak to your therapist immediately about this matter. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VII. This notice shall go into effect April 14, 2003 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.