

# Bala Child & Family Associates, LLC

## **Notice of Privacy Practices**

*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.*

Bala Child & Family Associates is a group of independently practicing mental health professionals who share office space, certain expenses, and administrative functions. Each treatment provider is completely independent in providing you with clinical services and alone is responsible for those services, including the protection of privacy and confidentiality of individual client personal health information. All professional records are separately maintained.

Privacy is a very important concern for each of us at Bala Child & Family Associates. **We consider all personal and health information - that is, anything that can identify you - to be confidential.** Each of us protects the privacy of this information in accordance with American Psychological Association professional ethical standards, Pennsylvania state law, and an important federal law - the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These regulations protect all individually identifiable health information in any form (electronic, paper-based, and oral) that is stored or transmitted.

The HIPAA law requires each treatment provider at Bala Child & Family Associates to keep your Personal Health Information private and to give you notice of their legal duties and privacy practices. Below, we distinguish between the routine uses and disclosure of Personal Health Information that require simple consent versus disclosures that require formal written authorization. Your rights and obligations concerning the uses and disclosure of your Personal Health Information are also described.

### **Information In Your Healthcare Record**

Each time you visit your therapist or any other healthcare provider, information is collected about you and your physical and emotional health. The information your therapist collects from you is called, in the law, Personal Health Information. This information goes into your confidential, secured healthcare record on file at Bala Child & Family Associates. When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information. In this office, the personal health information typically includes:

- Your history
- Reasons you came for consultation, evaluation or treatment
- Diagnoses
- Treatment plan
- Progress notes
- Records we get from others who treated or evaluated you
- Information about medications
- Relevant legal matters
- Billing information

### **Routine Uses and Disclosures of Personal Health Information with Your Consent**

Whenever your therapist, or anyone who assists them in the office, read any aspect of your healthcare record, the law calls this "use." If any aspect of this information is shared with anyone outside this office or with any of the other independent practitioners in the practice, the law calls this "disclosure." Generally disclosure

occurs only when you have specifically requested it. **When your therapist uses your personal health information in the office or discloses it to others, only the minimum necessary information for the purpose required is shared.** Under HIPAA, your therapist is permitted to use and disclose Personal Health Information for three routine purposes.

- *Facilitation of Treatment.* Your therapist will use your Personal Health Information primarily to provide care to you or to measure the effects of services. At times your therapist may request to disclose some information in order to make referrals for services he or she does not provide or to coordinate your care with other treatment providers, personal physicians or educators whom you have named as people that you want me to include as members of the treatment team. In those instances, your therapist will first discuss with you the information you wish to be shared. Also, your therapist may occasionally find it helpful to receive a consultation about your treatment from other mental health professionals. In these consultations, every effort is made to avoid revealing your identity.
- *Obtaining Payment.* If you have requested to be billed for services, rather than pay at the time of visit, your therapist will use information, such as diagnosis, service codes and dates of service, to bill you or persons that you have specified as responsible for reimbursement of services rendered. Since most of the therapists at Bala Child & Family Associates do not deal directly with insurers, disclosure of Personal Health Information is likely to be limited to the information on the receipts or statements for services rendered that you submit to insurers.
- *Health Care Operations.* These are activities that relate to the general performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, audits, case review and management, and care coordination. Your name is typically removed from your information for these purposes.
- *Related Examples of These Uses.*
  - o Your therapist may use or disclose some information about you in providing you with treatment reminders via mail or phone. You are responsible for alerting your therapist to the address(s) or phone numbers where you are comfortable receiving calls, voice messages, or written material.
  - o There are some jobs therapists hire other businesses to do for them. They are called **Business Associates** in the law. For example, your therapist may use a billing and bookkeeping service that figures out, prints, and mails invoices or statements. Business associates need to receive some of your Personal Health Information, such as name, diagnoses, service codes and dates of service, to do their jobs properly. To protect your privacy, they have agreed in their contract with your therapist to safeguard your information.

### **Uses and Disclosures Requiring Formal Authorization**

If your therapist wants to use or disclose your Personal Health Information for any purpose outside of facilitating treatment, obtaining payment, and health care operations, he or she needs your formal permission on an **Authorization Form**. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures and minimal information. For example, your therapist will need to obtain an authorization before releasing any notes made about conversations during a private, group, joint, or family counseling session. Psychotherapy notes are given a greater degree of protection than other Personal Health Information under HIPAA regulations. Formal authorization is also required if you agree to have a treatment session either audio or videotaped. This material will be securely stored and will not be shared with anyone for any reason, other than consultation with a supervising therapist.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your therapist has 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.

### **Minors, Parents & Privacy**

Because parents generally have the authority to make health care decisions about their minor children (under 18 years of age), the law usually allows parents to examine their children's treatment records. Privacy is crucial to successful progress in psychotherapy, especially with adolescents. With this age group, therefore, it is strongly recommended that parents waive their right to access their children's records. When a child is in individual therapy, the therapist will periodically provide parents with general information about the focus of the work and treatment progress. Any other communication will require the child's signed authorization, unless your therapist feels the child is in some danger or is a danger to someone else, in which case, he or she will notify the parents. Before giving parents any information, however, your therapist will discuss the matter with the child, if possible, and do his or her best to handle any objections the child may have.

### **Uses and Disclosures where Neither Consent nor Authorization Required**

Although these situations are rare in our practice, the law may require that your therapist use or disclose some Personal Health Information without your consent or authorization in the following circumstances. Should such a situation occur, he or she will make every *effort* to fully discuss it with you before taking any action.

- **Child Abuse:** If your therapist has reasonable cause, on the basis of his or her professional judgment, to suspect abuse of children, he or she is required by law to report this to the Pennsylvania Department of Public Welfare.
- **Adult and Domestic Abuse:** If your therapist has reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), he or she may report such to the local agency which provides protective services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services your therapist provided you, or the records thereof, such information is privileged under state law. Your therapist will not release the information without your written consent, or a court order. The privilege does not apply when you are being evaluated for a third party, such as proceedings in which your emotional condition is made an important element (this can happen in child custody cases), or where the evaluation is court ordered. In these cases, a judge may require your therapist's testimony if he/she determines that resolution of the issues before him/her demands it. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you express a serious threat, or intent to kill or seriously injure either yourself or an identified, readily identifiable person or group of people, and your therapist determines that you are likely to carry out the threat, he or she must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.
- **Worker's Compensation:** If you file a worker's compensation claim involving emotional impacts, your therapist will be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

### **Your Legal Rights**

- **Right to Request Restrictions** - You have the right to request restrictions on certain uses and

disclosures of protected health information about you. Your therapist will ask you about whom you want he or she to talk to and what information you want shared about your condition or treatment. Your request for restrictions will be honored unless it interferes with your treatment, creates harmful risks to yourself or family, or interferes with payment for services.

- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** - You have the right to request and receive confidential communications of Personal Health Information 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, your bills can be sent to another address or phone messages left at another number.)
- **Right to Inspect and Copy** - Although your health record is the physical property of this office, the information belongs to you. You have the right to inspect, read, review or obtain a copy of it. We may charge you for the costs involved. In some very unusual situations, your therapist may deny access to some or all of what is in your records. These exceptions include situations in which (1) your therapist believes that the information about you would be harmful to you or (2) there is reference about another person, such as a family member, that could cause harm to this person. This is a decision that can be discussed and reviewed together should it occur.
- **Right to Amend** - If you find anything in your records that you think is incorrect, or something important is missing, you have the right to request us to amend your Personal Health Information for as long as it is maintained in the record. To do so, you must submit your request in writing and you must provide a reason that supports your request. Any changes resulting from an amendment to the record does not expunge any prior information or part of the record; it is simply added to it. Your therapist may deny your request if: (1) the records you wish to amend are from another provider or (2) your health record is accurate and complete.
- **Right to an Accounting of Disclosures** - When your therapist discloses your Personal Health Information, records are kept of whom it is sent to, when it was sent, and what was sent. You generally have the right to receive an accounting of disclosures upon written request. Your request must state a timeframe not longer than six years and must not include dates before April 14, 2003. Your therapist will notify you of the cost involved.

### **Changes to this Notice**

Bala Child & Family Associates reserves the right to change this notice and to make the new notice effective for all health information maintained. A copy of the new notice will be posted on this web site and your therapist will provide you with a paper copy.

### **Complaints**

Successful treatment requires a sense of comfort and safety with your therapist and privacy is a major component of this relationship. If you are concerned that your therapist has violated your privacy rights, or you disagree with a decision made about access to your records, you should first discuss it with your therapist. Should your concerns persist, your therapist will secure the consultation of another licensed therapist to meet with you, review your concerns and make recommendations.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The appropriate address can be provided upon request.

This notice went into effect on April 14, 2003.