

## HIPAA NOTICE

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Stacey Uebersax, PsyD  
Licensed Psychologist  
314 Wyndhurst Avenue  
Baltimore, MD 21210  
443-622-6876

### **Notice of Psychologist's 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.

Your health records contain personal information about you and your physical and mental health. This information, which may identify you and relates to your past, present or future health and related health care services is referred to as "Protected Health Information" (PHI). This notice of Privacy Practices describes how your PHI may be used and disclosed in accordance with the applicable law and the American Psychological Association Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

Health care professionals are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with regard to your PHI. If at any time these privacy practices change, you will be notified with a revised notice.

This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) to carry out treatment, for payment, or for other purposes that are permitted or required by law.

#### **Uses and Disclosures of Protected Health Information Requiring your Consent**

I may *use* or *disclose* your *PHI* for:

Treatment: I may use and share your PHI to provide, coordinate, or manage your health care and related services. I may use and disclose your PHI to tell you about, or recommend possible treatment options or alternatives that may be of interest to you. This includes the coordination or management of your health care with a third party. For example, when you sign a release of information, I may disclose your PHI, as necessary, to your treating psychiatrist to ensure coordination of care. At times, clinical consultation and supervision may be used and in these cases all identifying information will be withheld and your identity will remain anonymous.

Payment: Your PHI may be used, as needed, to obtain payment for your health care services. With your permission, I may disclose your PHI to your health insurer to determine eligibility for coverage of therapy sessions or for your own out of network reimbursement. If it becomes

necessary to use collection services due to lack of payment, only the minimum of PHI necessary for purposes of collection will be disclosed.

**Required by Law:** Under the law, I must make disclosures of your PHI to you, upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the privacy rule.

Additionally, I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment and payment 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 or modify all such authorizations (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until I receive it in writing.

### **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:** Whenever I, in my professional capacity, have knowledge of or observe a child I know or reasonably suspect has been the victim of child abuse or neglect, I must immediately make a report to a police department or sheriff’s department, county probation department, or county welfare department (Child Protective Services). Also, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I may make a report to the above agencies.
- **Adult and Domestic Abuse:** If I, in my professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.
- **Health Oversight:** If a complaint is filed against me with the Board of Psychology, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without: 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides me with a showing that you or your

attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified me that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you in advance if this is the case.

· Serious Threat to Health or Safety: If you communicate to me a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.

### **Patient's Rights**

· *Right to Request Restrictions*: You have the right to request that I limit how I use and disclose your PHI. However, I am not legally required to agree to your request. If I do agree, I will limit the information, unless it is needed to provide you emergency treatment. To request restrictions, you must make your request in writing. Your request must list (1) what information you want to limit; (2) whether you want to limit my use, disclosure, or both; and (3) who may not receive information.

· *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*: You have the right to request that I communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail. To request confidential communications, you must make your request in writing. Your request must list how or where you wish to be contacted. You do not have to give a reason for your request. I will accommodate reasonable requests.

· *Right to Inspect and Copy*: For as long as I keep your PHI, you have the right to see and get a copy of your PHI. If you request to read and copy the information, you must make your request in writing. If you request a copy of the information, I may charge a reasonable fee for the associated costs of copying and mailing your request. In certain situations, I may deny your request to read and copy your PHI. In some circumstances, you may have a right to have this decision reviewed, and the decision to deny access may be reversed.

· *Right to Amend*: If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I may deny your request in writing if the PHI is (a) correct and complete, (b) not created by me, (c) not allowed to be disclosed, or (d) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have made the change, and tell others that need to know about the change in your PHI.

· *Right to a List of Disclosures*: You have a right to receive a list describing specifically who has received PHI about you during the last (6) years beginning after April 14, 2003. There are

certain restrictions and limitations. This list will not include those who have received PHI for treatment, payment, or healthcare operations, as described in this Notice of Privacy Practice. It also will not include family members or friends involved in your care. To request this list or accounting of disclosures, you must make your request in writing. Your request must state a time period that may not be greater than six years. The first list you request within a 12-month period will be free. For additional lists, I may charge you for the costs of providing the list.

· *Right to a Paper Copy:* You have the right to obtain a paper copy of the notice. You may ask me to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

## **VII. Effective Date, Restrictions and Changes to Privacy Policy**

This notice went into effect on April 14, 2003. Notice of any future restriction to this notice or of change will be posted promptly within 14 days of such change.

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