

PRIVACY NOTICE

Effective 7/1/2015

IN ACCORDANCE WITH FEDERAL LAW, THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL INFORMATION ABOUT YOU (OR YOUR CHILD) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures with General Consent

With your consent, I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations (TPO)* purposes.

To help clarify these terms, here are some definitions:

- “Use” applies only to activities such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities such as releasing, transferring, or providing access to information about you to other parties.
- “PHI” refers to information in your health records that could identify you (e.g. name, demographic information, diagnosis, results of clinical tests, medications, treatment dates and times, summary of symptoms and functioning, treatment plan, progress, and prognosis.)
- “Treatment, Payment, and Health Care Operations” or “TPO”:
 - *Treatment*: providing, coordinating, managing your health care and other services related to your health care (e.g. consulting with another health care provider, such as your family physician.)
 - *Payment*: obtaining reimbursement for your healthcare (e.g. disclosing your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.)
 - *Health Care Operations*: activities relating to the performance and business operations (e.g. quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.)

Note that throughout this document, the pronoun “you” refers to the identified patient and, in the case of minors, the parent or guardian who is legally responsible for the patient’s treatment.

II. Uses and Disclosures Requiring Specific Authorization

Your PHI may be used or disclosed 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 information is requested for purposes outside of treatment, payment and health care operations, authorization will be obtained from you before releasing this information.

Other Uses and Disclosures of your PHI not covered in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization.

You may revoke all such authorizations at any time, provided each revocation is in writing. We are not able to take back any Uses or Disclosures that we already made with your authorization.

III. Uses and Disclosures with Neither Consent nor Authorization

Your PHI may be used or disclosed without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause, on the basis of my professional judgment, to suspect possible abuse or neglect of a child seen for services, I am required by law to report this to the Pennsylvania Department of Public Welfare.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment,) I may be obligated to report such concerns to the appropriate authorities that provide protective services.
- **Serious Threat to Health or Safety:** If you express a serious threat or intent to kill or seriously injure an identified or readily identifiable person or group of people, and I determine that you are likely to carry out the threat, then I must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat and informing appropriate law enforcement or mental health authorities.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release the information without your written consent, unless there is a Court Order to do so. You will be informed in advance if this is the case.

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- **Worker's Compensation:** If you file a worker's compensation claim, I will be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.
- **Business Associates:** Some of the services I provide are performed through contractual relationships with outside parties or business associates. These services may include (but are not limited to) financial, auditing and legal.
- **Other:** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government function such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. Patient's Rights

- *Right to Request 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. Such requests must be submitted in writing.
- *Right to Inspect and Copy:* You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I will want to review the records with you in person, to assure proper understanding and use of them. Your access to PHI may be denied under certain circumstances, but in most cases, you may have this decision reviewed. Requests must be submitted in writing.
- *Right to Amend:* If you feel your PHI I have on file is incorrect or incomplete, you may ask for an amendment or change of the incorrect PHI. You have the right to request an amendment for so long as your PHI is retained. However, I am not required to agree to such amendment. If your request is denied, you have the right to file a statement of disagreement. Please contact me with any questions.
- *Right to an 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.) Requests must be submitted in writing.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:* You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. Unless otherwise specified,

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phone and mail contacts will be made to your primary residence, and phone calls may be made to your place of employment. If you do not want such contacts from our office (e.g. you may not want a family member or employer to know that you are in treatment here), then you must submit a written request.

- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:* You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- *Right to Be Notified if There is A Breach of Your Unsecured PHI:* You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- *Right to a Paper copy:* You have the right to obtain a paper copy of the Privacy Notice.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision made about access to your records, please contact me to discuss your concerns. I will make every effort to resolve any outstanding concerns or discrepancies.

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You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. *You will not be retaliated against for filing a complaint.*

VI. Effective Date, Restrictions and Changes to Privacy Policy

I reserve the right to change the privacy policies and procedures, as well as the terms of this Privacy Notice, and to make the new privacy provisions effective for all PHI maintained. Unless you are notified of such changes, however, I am required to abide by the terms currently in effect.