



## PRIVACY NOTICE

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. 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

### I. Uses and Disclosures with General Consent

**With your consent, the clinical and administrative staff at MIDSTEP 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 within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our office 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* is when your doctor at MIDSTEP provides, coordinates or manages your health care and other services related to your health care (eg., when your doctor consults with another health care provider, such as your family physician).
  - *Payment* is when MIDSTEP obtains reimbursement for your healthcare (e.g., when MIDSTEP discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage).
  - *Health Care Operations* are activities that relate to the performance and operation of our practice (e.g., quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and supervision).

### II. Uses and Disclosures Requiring Specific Authorization

MIDSTEP may use or disclose PHI 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 your doctor at MIDSTEP is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. Your authorization is required before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your doctor may have made about conversations during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. 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 doctor at MIDSTEP 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.

### III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If a doctor has reasonable cause, on the basis of his/her professional judgment, to suspect possible abuse or neglect of a child seen for services, that doctor is required by law to report this to the Pennsylvania Department of Public Welfare.

- **Adult and Domestic Abuse:** If a 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 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, including yourself, or group of people, and your therapist determines that you are likely to carry out the threat, then the therapist must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat, initiating hospitalization, 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 you were provided at MIDSTEP or the records thereof, such information is privileged under state law, and this information will not be released without your written consent, unless there is a Court Order to do so. You will be informed in advance.
- **Worker’s Compensation:** If you file a worker’s compensation claim, your doctor at MIDSTEP will be required to file periodic reports with your employer including, where pertinent, history, diagnosis, treatment, and prognosis.
- **Supervision:** Post-doctoral psychology residents participate in supervision with licensed psychologists practicing through MidStep. Discussion of PHI, including diagnosis and treatment progress, is a necessary component of providing quality care. Names of supervisors will be provided.

#### IV. Patient's Rights

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI about you. However, your therapist MIDSTEP is not required to agree to a restriction you request. Such requests must be submitted in writing to your doctor using the “Use Restrictions” Request Form.
- *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. This request may be denied under certain circumstances, but in most cases, you may have this decision reviewed. Requests must be submitted in writing to your doctor using the “Records Review” Request Form.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. Requests must be submitted in writing to your doctor using the “Records Amendment” Request Form.
- *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 to your doctor using the “Accounting of Disclosures” Request Form.
- *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, 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), then you must submit a written request using the “Confidential Communications” Request Form.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of the Privacy Notice upon verbal request, even if you have previously agreed to receive the Notice electronically.

#### V. Complaints

If you are concerned that your doctor or the staff at MIDSTEP have violated your privacy rights, or you disagree with a decision your doctor made about access to your records, you may contact MIDSTEP’s Privacy Officer, Dr. Peter Montminy, to discuss your concerns. You will need to submit a “Privacy Complaint” Form to the Privacy Officer, who will make every effort to resolve any outstanding concerns or discrepancies. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

#### VI. Effective Date, Restrictions and Changes to Privacy Policy

This Notice will go into effect on September 1, 2007. MIDSTEP reserves the right to change its privacy policies, procedures, and terms of this Privacy Notice, and to make the new privacy provisions effective for all PHI that MIDSTEP maintains. Unless you are notified of such changes, however, MIDSTEP is required to abide by the terms currently in effect.