



COMPREHENSIVE NEUROPSYCHOLOGICAL SERVICES, PC

Making a difference. *Every day.*

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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 access such information. PLEASE REVIEW IT CAREFULLY.

I. Use and Disclosure for Treatment, Payment, and Healthcare Operations

We may use or disclose your "protected health information" (PHI) for treatment, payment, and healthcare operations **with your consent**. To clarify these terms, here are some definitions:

- **"PHI"** refers to information in your health record that could identify you.
- **"Treatment, Payment, and Healthcare Operations"**
 - Treatment** is when we provide, coordinate, or manage your healthcare or related services (e.g. when we consult with another healthcare provider such as your family physician or a second psychologist).
 - Payment** is when we seek payment for your healthcare (e.g. when we release your PHI to your health insurance company to get paid for services that we provide or to determine your eligibility or coverage).
 - Healthcare operations** are activities that relate to the operation and management of our practice (e.g. when we carry out quality assessment and improvement activities, business-related processes such as audits, and case management and care coordination tasks).
- **"Use"** refers to activities that happen within our practice (e.g. reviewing, analyzing, applying, and internally communicating information that identifies you).
- **"Disclosure"** refers to activities that involve parties outside our practice (e.g. releasing, transferring, or otherwise providing access to information that identifies you).

II. Uses and Disclosures Requiring Authorization

We may use or disclose your PHI for purposes outside of treatment, payment, or health care operations **when your appropriate authorization is obtained**. **"Authorization"** is written permission beyond general consent that permits only specific disclosures. When we are asked for information for reasons other than treatment, payment, or health care operations, we will obtain authorization from you before releasing your information. You may **"revoke"** (cancel) your authorization at any time as long as your revocation is in writing and 1) we have not already released information based your authorization; and 2) your authorization was not obtained as a requirement for getting insurance coverage (because health insurance companies are allowed by law to challenge claims made under a policy).

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose your PHI **without your consent or authorization** in the following situations:

- **Child abuse:** If we, in the ordinary course of our professional activities, had reasonable cause to suspect or believe that a child under the age of eighteen (18) years 1) has been abused or neglected; 2) had experienced nonaccidental physical injury or injury that was not consistent with the given history of such injury; or 3) appeared to be at immediate risk of serious harm, then we would need to report such suspicion or belief to appropriate authorities.
- **Adult and domestic abuse:** If we knew or suspected in good faith that an elderly person, a person with a disability, or a person who was noncompetent had experienced abuse, we might disclose such knowledge or suspicion as allowed by law.
- **Health oversight activities:** If the Connecticut Board of Examiners of Psychologists investigated our practice, the Board might subpoena records that were relevant to that investigation.
- **Judicial and administrative proceedings:** If you were involved in a legal matter and we were asked to provide information or records regarding your diagnosis or treatment, that information would be privileged by law and we would not release it without written authorization from you or your legal representative or a court order. Such privilege would not apply if you were being examined for a third party or if an examination was court-ordered; in those cases, you would be notified in advance.

1095 South Main Street, Cheshire, CT 06410

In-Office and HIPAA-Compliant Online Consultations Available

P: 203-271-3809 F: 203-272-6968 E: cns@clinicalneuropsych.com W: clinicalneuropsych.com

Board-Certified: ^A Clinical Neuropsychology

Also Licensed: ^B MA, ^C NY

- **Serious threat to health or safety:** If we believed in good faith that you posed an immediate risk of harm to yourself, a specific third party, or another person's property, we might disclose such belief as allowed by law.
- **Workers' Compensation:** We might disclose your PHI as authorized by, and to the extent necessary to comply with laws relating to, Workers' Compensation or similar programs that provide benefits for work-related injuries and illnesses without regard to fault.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- **Right to request restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI. We are not required to agree to a restriction that you request.
- **Right to receive confidential communications by alternative means and at alternative locations:** You have the right to request and receive confidential communications of your PHI by alternative means and at alternative locations (e.g. you may not want a family member to know that you are receiving services from us or you may want your bills to be sent to another address).
- **Right to inspect and/or copy:** You have the general right to inspect and/or obtain a copy of your PHI for as long as it is maintained in our records. In certain circumstances we may deny your request to inspect and/or copy your PHI, and in some cases you may have that decision reviewed. Upon your request, we will discuss the details of this request and denial process with you.
- **Right to amend:** You have the right to request amendment of your PHI for as long as it is maintained in our records. We may not agree to your request. Upon your request, we will discuss the details of this amendment process with you.
- **Right to an accounting:** You have the right to receive an accounting of disclosures of your PHI. Upon your request, we will discuss the details of this accounting process with you.
- **Right to a paper copy:** You have the right to receive a paper copy of this notice upon your request, even if you have agreed to receive it electronically.

Psychologist's Duties:

- We are required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to people's PHI.
- We reserve the right to change the privacy policies and practices described in this notice. However, unless we notify you of such changes, we are required to abide by the terms of the current notice.
- If we revise our policies and procedures, we will notify you in person or by mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact our HIPAA Privacy Officer at 203-271-3809.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaints to cns@clinicalneuropsych.com or HIPAA Privacy Officer, 1095 South Main Street, Cheshire, CT 06410.

You may also send a written complaint to the Secretary of the US Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

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

This notice went into effect 14 April 2003.

We will limit the use of disclosures of your PHI by review of any signed releases in your records.