

Ruah Woods Psychological Services

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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.

I. Introduction

Privacy is a very important concern for all those who come to this office. This notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. Because the rules are so complicated, some parts of this Notice are very detailed, and you probably will have to read them several times to understand them. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this Notice, please ask our privacy officer for more explanations or more details. His name and address are at the end of this Notice.

II. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatments you have received, or about payment for health care. The information we collect from you is called "**PHI,**" which stands for "**protected health information.**" This information goes into your **medical or health care records** in our office. In this office, your PHI is likely to include, but is not limited to these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that we think will best help you.
- Progress notes: Each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

We use PHI for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- To coordinate care with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show that you actually received services from us, which we billed to you or to a third party.

- For teaching and training other healthcare professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way we do our job by measuring the results of our work.

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.

III. Privacy and the laws about privacy

In 1996, the US federal government passed a law called the Health Insurance Portability and Accountability Act (HIPAA). It requires healthcare providers and other entities to keep your PHI private and to give you a “Notice of Privacy Practices” about their legal duties, your rights, and how they handle your PHI. It is very important to note that HIPAA requirements only apply to healthcare providers who submit your PHI to others electronically. Since Ruah Woods Psychological Services (RWPS) does not participate on insurance panels or transmit PHI electronically, RWPS is not legally bound to comply with HIPAA. Nonetheless, your privacy is *extremely* important to us. In pursuing best practices in psychology, RWPS has developed this Notice of Privacy Practices as well as other documents which outline your rights and responsibilities as well as various RWPS policies and procedures. We will comply with the policies described in this Notice. If we change our privacy practices, these changes will apply to all PHI we keep. We will also make the new Notice of Privacy Policies available to all our patients, including those who received previous versions. You or anyone else can also get a copy from our privacy officer at any time.

IV. How your protected health information can be used and shared

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the **minimum necessary** PHI needed for those other people to do their jobs. Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

A. Routine uses and disclosures of your PHI with your consent

After you have read this Notice, you will be asked to sign a **consent form**. Signing this form indicates that you are willingly making an informed decision to enter into a professional relationship with us as our patient or evaluatee. You are also giving us permission to use and share your PHI according to the policies outlined in this Notice. In almost all cases we intend to only use and disclose your PHI in order to provide treatment to you, arrange for payment for our services, or some other business functions called “health care operations.” In other words, we need information about you and your condition to provide care to you. You have to agree to let us collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before we begin to treat you. If you do not agree and consent we cannot treat you. Next we will tell you more about how your information will be used for treatment, payment, and health care operations.

1. The basic uses and disclosure: For treatment, payment, and health care operations

- *For treatment.* We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services.
- If you are being treated by other professionals (e.g., a physician, psychiatrist, other mental health professional, etc.), we are permitted to consult with them in order to best promote your welfare. This involves sharing some of your PHI in order to determine how best to help

you. In such cases, we will make sure that the each professional we consult is aware of the confidential nature of the PHI and agree to protect your privacy.

- *For payment.* We may use your information to bill you, your insurance, or others, so we can be paid for the services we provide to you. Currently, RWPS does not participate in insurance panels and so we will not routinely be providing PHI directly to insurance companies. However, if you choose to submit claims to your insurance company for RWPS services, this will likely involve providing disclosing some PHI to the insurance company, including when you received services at RWPS, what service you received, financial information about fees and payments, and diagnostic impression. However, since you will be doing the submitting, the disclosure of the PHI to the insurance company is your responsibility. If your insurance company contacts RWPS directly for information about you or your PHI, we will consult with you before disclosing any information to them. If another person or entity is paying for you to receive an evaluation or other services from RWPS, we will disclose PHI to them so that we can receive payment. This may include when you received services at RWPS, what service you received, and financial information about fees and payments.
- *For health care operations.* Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may use your PHI in training other therapists or employees of RWPS. In addition, we may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

2. Other uses and disclosures of PHI

- *Appointment reminders.* We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. You may specify where/how you want us to contact you. We will do our best to respect your wishes.
- *Research.* We may use or share your PHI to do research to improve treatments. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you, and we will not send any information unless you sign a special authorization form.
- *Business associates.* We may hire other businesses to do some jobs for us. In the law, they are called our “business associates.” Examples may include a copy service to make copies of health records or a billing service to figure out, print, and mail our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, we will have all business associates agree in their contract with us to safeguard your information.

3. If the patient is a minor (someone under that age of 18)

- If the patient is a minor (someone under that age of 18), his/her custodial parent or legal guardian will be asked to sign the consent form, indicating consent for us to use and disclose the child-patient’s PHI as described in this Notice in providing services to him/her. The child’s parents have the right to know and access their child’s PHI.
- Ohio Law also allows a minor 14 years of age or older to obtain a limited amount of psychological treatment (6 sessions or 30 days of service, whichever occurs first) without his/her parent/guardian’s knowledge or consent. In such a case, the minor will be asked to sign the consent form and will be informed of the limitations of the services he/she can receive without his/her parent/guardian’s consent. Once the limitations on treatment are reached, we must stop providing services or obtain consent from the parents/guardians to

continue. If, at any time while treating such a minor, we believe that he/she is at substantial risk of incurring harm to self or to another person, the law permits us to inform the parents/guardians without the minor's consent as long as we inform the minor of our intention to do so.

B. Uses and disclosures that require your authorization

If we want to disclose your PHI to another party for any purpose besides those described above, we need your explicit, permission on an **authorization form**. **Authorization** is written permission that goes above and beyond the general consent to use and disclose your PHI discussed above. The authorization form provides details of what information will be disclosed, to whom, and for what purpose. It also specifies how long the authorization is valid. If you do authorize us to disclose your PHI, you can cancel that permission in writing at any time. We would then stop disclosing your information to that person or organization. Of course, we cannot take back any information we have already disclosed or used with your permission. In general, we cannot require you to provide an authorization in order to receive our services except when the whole purpose of coming to RWPS is for an evaluation requested by a third party. In that case, the services we provide are really for the third party and we cannot proceed without your authorization to share the results of the evaluation.

C. Uses and disclosures that do NOT require your consent or authorization

In certain situations, federal and state laws permit us to disclose some of your PHI without your consent or authorization. In some cases, the law **requires** us to do so. Here are some examples of when we might disclose your PHI without your consent or authorization.

- **Child Abuse and Neglect** – When there is reasonable cause to suspect that a child under 18 years of age (or 21 if disabled) has suffered or faces a threat of suffering abuse or neglect, RWPS is required by law to report this to the proper law enforcement agency and/or to Ohio Child Protective Services immediately.
- **Elder Adult Abuse, Neglect, or Exploitation** – When there is reasonable cause to believe that an adult over the age of 60 is suffering abuse, neglect, or exploitation or is experiencing a condition that is the result of abuse, neglect, or exploitation, RWPS is required by law to report this to the county department of Job and Family Services immediately.
- **Serious Threat to Health or Safety of Self or Others** – When there is clear, substantial risk of you doing serious harm to yourself or others, we are permitted to disclose some of your PHI to individuals who can prevent the danger such as law enforcement, other professionals, your family members, and/or potential victims. If you or another knowledgeable person communicate to RWPS an explicit threat of inflicting imminent and serious physical harm to or causing death to one or more clearly identifiable potential victims and your RWPS therapist has reason to believe that you have the intent and ability to carry out such a threat, then your RWPS therapist is required by law to take one or more of the following actions in a timely manner: 1.) Take steps to hospitalize you on an emergency basis or on a voluntary or involuntary basis; 2.) Establish and undertake a treatment plan designed to eliminate the possibility that you will carry out the threat and initiate arrangements for a second opinion regarding the risk and the adequacy of the treatment plan; 3.) Communicate to a law enforcement agency, and if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a.) the nature of the threat; b.) your identity; c.) the identity of the potential victim(s).
- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis, and treatment and the records thereof, such information is privileged under state law. RWPS will not release information without a court order or without the written authorization from you or your personal or legally appointed representative. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

If you voluntarily testify to a court of law regarding aspects of your evaluation or treatment from RWPS, then we may be compelled to testify on those topics as well, without your authorization. Finally, if you or your representative files a claim against us regarding your treatment at RWPS, we are allowed to use your PHI in our defense.

- **Felony** – Ohio law states that if you inform us about a felony that has been committed or is being committed, we are not required to report this to law enforcement, but we are permitted to do so if we judge it to be appropriate.
- **Worker's Compensation** – If you file a worker's compensation claim, RWPS may be required to give your mental health information to relevant parties and officials.
- **As Otherwise Required By Law** – We will disclose health information about you when required to do so by federal, state, or local law.

There may be additional disclosures of PHI that RWPS is required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

VI. Your rights concerning your health information

- You have the right to withhold consent from us regarding the uses and disclosures of your PHI as described in this Notice. However, if you choose to do so, we will be unable to provide you services. In such a case, we would offer to refer you to another provider.
- You have the right to revoke your consent from us regarding the uses and disclosures of your PHI as described in this Notice. You must do so in writing. At that point, we will have to stop providing services to you, unless we are otherwise legally required to provide service to you, and we will cease disclosing your PHI. However, we are permitted to seek any outstanding payments for services we provided to you, and this may involve disclosing some PHI. We also have no obligation to retrieve PHI that has already been disclosed.
- You can ask us to limit where or how we communicate with you regarding your PHI to increase your privacy. For example, you can ask us to only call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
- You have the right to request restrictions on how we use and disclose your PHI. Such requests must be in writing. We don't have to agree to your request, but if we do agree, we will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.
- You have the right to look at the health information we have about you, such as your medical and billing records. RWPS is required to provide access to your PHI to you or your personal representative upon request. In such a case, we will allow you to view the PHI in our office during normal business hours, or provide a copy to you of the PHI. We are permitted to charge you a fee for copying and mailing PHI. Similarly, parents/guardians of patients under the age of 18 can request to view or obtain a copy of their child's PHI. We must also give access to such a minor's PHI to a nonresidential parent who requests it. However, nonresidential parents' access to his/her child's PHI may be restricted by the court overseeing divorce and custody proceedings. Thus, before allowing a non-residential parent access to a minor's PHI, we will ask to see the latest parenting plan or other court documents outlining access to medical records.
- If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to our privacy officer. You must also tell us the reasons you want to make the changes. We are not necessarily required to make the changes you request, but your request will become part of your medical record.
- You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. This request must be in writing.

- You have the right to a copy of this Notice. If we change this Notice, we will provide you with a new one, and/or you can request one from our privacy officer.
- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. However, since RWPS is not legally bound by HIPAA, it may be more appropriate to file a complaint with the Ohio State Board of Psychology. Our privacy officer can provide you with the appropriate addresses for filing a complaint.
- You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

VII. Our Responsibilities

- RWPS is required by law to maintain the privacy of PHI, to provide you with a notice of our legal duties and privacy practices with respect to PHI, to follow the privacy practices that are described in this Notice while it is in effect, and to obtain your signature acknowledging your receipt of this Notice.
- We are required by Ohio Law to maintain your full record, containing your PHI, for 5 years past the last date of service, followed by a brief summary for a total of 12 years past the last date of service. HIPAA requires medical records to be retained for 6 years after the last date of service. To satisfy these requirements and best serve you, RWPS shall maintain your full record for 7 years after the last date of service, followed by a brief summary of your record for an additional 5 years (12 years after the last date of service).
- RWPS reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. When permissible changes to our privacy practices are implemented, we are required to provide a new Notice of Privacy Practices to all patients, including ones who received previous versions. Unless you are notified of such changes, RWPS is required to abide by the previous terms.

VIII. If you have questions or problems

Our privacy officer is Andrew Sodergren, Psy.D. (Ohio LP #6861). He can be reached at 513-407-8878 and at the mailing address listed at the start of this Notice. If you need more information or have questions about this Notice or our privacy policies, Dr. Sodergren will be happy to discuss them with you. Similarly, if you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, please contact Dr. Sodergren. As stated above, you have the right to file a complaint with us, with the Secretary of the U.S. Department of Health and Human Services, and/or the Ohio State Board of Psychology. Even if you do file a complaint, we will continue to strive to provide you the best possible care that we can in accord with these policies and all legal and ethical standards.

This Notice is effective December 7, 2011.