



## Privacy Notice Form

### Notice of Child-Adolescent Partners, LLC Policies and Practices to Protect the Privacy of Your Health Information

#### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your consent. To help clarify these terms, here are some definitions: · “PHI” refers to information in your health record that could identify you.

- “Treatment” is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when your doctor or therapist consults with another health care provider, such as your family physician or another doctor or therapist. – *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility for coverage.
- “Health Care Operations” are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “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.

#### II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or 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 we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes your doctor or therapist has made about your conversation during a private, group, joint, or family counseling session, which your doctor or therapist has 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 (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

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

Your doctor or therapist may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If a doctor or therapist is treating a child or adolescent under the age of 18 and knows or suspects that child or adolescent to be a victim of child abuse or neglect, the doctor or therapist is required to report the abuse or neglect to a duly constituted authority, usually the Alabama Department of Human Resources. Once such a report is filed, we may be required to provide additional information.
- *Adult and Domestic Abuse* – If a doctor or therapist has reasonable cause to believe an adult, who is unable to take care of himself or herself, has been subjected to physical abuse, neglect, exploitation, sexual abuse, or emotional abuse, the doctor or therapist must report this belief to the appropriate authorities, usually the Alabama Department of Human Resources. Once such a report is filed, we may be required to provide additional information.
- *Health Oversight Activities* – If the Alabama Board of Examiners in Psychology or the Alabama State Board of Medical Examiners or other government agency is conducting an investigation into your therapist’s or doctor’s practice, then your therapist or doctor is required to disclose PHI upon receipt of a subpoena from the Board.

- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and your doctor or therapist will not release information without the written authorization of you or your legally appointed representative or a court order. The 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 enter into a legal or administrative proceeding in which you raise the issue of your mental status (e.g., worker’s compensation claim, a sanity hearing, raising “mental distress” as a result of an accident or injury, or defending yourself from a criminal charge by pleading insanity), then we may be ordered by the court to testify about matters discussed in confidence whether or not you give permission for us to testify. If the custody of your child(ren) or future child(ren) becomes a legal issue, a court may, in the best interest of the child, obtain your treatment records. If a patient files a complaint or lawsuit against a doctor or therapist, a doctor or therapist may disclose relevant information regarding that patient in order to defend oneself.
- *Serious Threat to Health or Safety* – We may disclose PHI to the appropriate individuals if we believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another identifiable person(s).
- *Worker’s Compensation* – Your doctor or therapist may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

## IV. Patient’s Rights and/or Therapist’s Duties

### Patient’s Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI. However, your doctor or therapist is not required to agree to a restriction 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 PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a provider in our office. On your request, we will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in your doctor’s or therapist’s mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your doctor or therapist may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may inspect and copy Psychotherapy Notes unless your doctor or therapist makes a clinical determination that access would be detrimental to your health. On your request, your doctor or therapist will discuss with you the details of the request and denial process.
- *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 doctor or therapist may deny your request. On your request, your doctor or therapist will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, your doctor or therapist will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from your doctor or therapist upon request, even if you have agreed to receive the notice electronically.

### Psychiatrist’s and Therapist’s Duties:

- Your doctor or therapist is required by law to maintain the privacy of protected health information regarding you and to provide you with notice of the doctor’s or therapist’s legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, your doctor or therapist is required to abide by the terms currently in effect.

## V. Complaints

If you are concerned that your therapist or anyone in our office has violated your privacy rights or you disagree with a decision your therapist made about access to your records, you may contact the Alabama Board of Examiners in Counseling. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. One of the parties listed above can provide you with the appropriate address upon request.

