



Notice of Privacy Practices and Client Rights

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THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We have a legal duty to protect health information (PHI) about you. If you have any questions or requests, please contact our Privacy Officer, Dr. Julie Knapp.

Effective: October 1, 2010

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A. Introduction – To Our Clients

This notice will tell you about how our office handles information about you. It explains how we use this information internally, how and why we may sometimes share it with other professionals and how you can have access to it. Our office is required to tell you about this because of the privacy regulations of a federal law known as the Health Insurance Portability & Accountability Act of 1996 (HIPAA). Because this federal law and the laws of Ohio are complicated, we have simplified some parts. If you have any questions, however, or want to know more about anything contained in this Notice, please ask our Privacy Officer, Dr. Julie Knapp for additional explanation and details.

B. What is meant by medical information?

Each time you visit our practice (or any other doctor's office, hospital, clinic, or "healthcare provider") information is collected about you regarding your physical and mental health. It may be information about your past, present or future health or conditions; treatment and other services you received from us or from others; or about payment for healthcare. The information we collect about you is called **PHI**, which stands for **Protected Health Information**. This information goes into your healthcare file at our office and may include all or some of the following:

- Your history (developmental, school, work, marital and personal)
- Reasons you came for treatment (problems, complaints, symptoms, needs, goals)
- Diagnoses (medical terms for presenting symptoms)
- Treatment plan (treatments and other services which we think will be of help to you)
- Progress notes (what we write down about how you are doing, what we observe and what you tell us)
- Records (what we obtain from others who treated you or evaluated you)
- Psychological test scores and evaluations, school records, and so forth
- Information about any medications you took or are taking
- Legal matters
- Billing and insurance information

This list gives you an idea of the kind of information that may go into your healthcare record at our office. We use this information for many purposes including the following:

- To determine the kinds of intervention that will best help you or your child
- To decide how well intervention is working for you or your child
- To talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to our practice
- To show that you actually received the services from us that we billed to you
- For teaching or training other healthcare professionals
- For medical or psychological research
- For public health officials trying to improve health care in the country
- To improve the way we do our jobs by measuring the results of our work

When you understand **what** is in your record and what it is used for, you can make informed decisions about **whom**, **when** and **why** others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. If you want a copy of your health record, we can make one for you but will charge you for the costs of copying and mailing if you want it mailed to you. In some very unusual situations, you cannot see everything that is in your record. If you find anything in your record that you think is incorrect or if you think that something important is missing, you can ask us to amend (add information to) your record, although in some situations, we do not have to agree to do that. Our Privacy Officer can explain more about this.

C. Privacy and the Law

The HIPAA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices. This is called the **Notice of Privacy Practices (NPP)**. We will obey the rules of this notice as long as it is in effect but, if we change the NPP rules, the new NPP will apply to all PHI we keep. If we change the NPP, we will post the new Notice in our office where everyone can see it. You or anyone else can also obtain a copy from our Privacy Officer or by calling our office and requesting a copy.

D. How your protected health information (PHI) can be used and shared

When your information is read by our psychologist(s) or other employees of this office, it is referred to as "**use**" under the law. If the information is shared with or sent to others outside this office, that is referred to as "**disclosure**" under the regulations. Except in special circumstances, when we use your PHI within the office or disclose your PHI to others, only the **minimum necessary** PHI needed for the purpose is shared or referenced.

The law gives you the right to know about your PHI, understand how it is used and have a say as to how it is disclosed to others.

We use and disclose PHI for several reasons, most of which are routine. For other uses we must obtain a *written Authorization or Release* from you, unless the law requires us to make the use or disclosure without your authorization. The law does permit us to make some use and disclosures without your consent or authorization and these cases are explained in detail below.

1. Uses and disclosures with your consent

After you have read this Notice, you will be asked to sign a separate **Consent Form** to allow us to use and share your **PHI**. In almost all cases, our intention is to use your PHI at our office or to share your PHI with others to provide treatment and intervention for you or your child, to arrange for payment for our services, or some other business function, called **health care operations**. Together these routine uses of PHI are called **TPO**, which is an acronym for "Treatment Payment & Operations", and the Consent Form allows us to use and disclose your PHI for TPO.

1a. Use and Disclosure of PHI for Treatment, Payment or Health Care Operations (TPO)

We need information about you to provide care and psychological services to you. You must agree to let us collect this information and use it/share it as necessary so that we can provide you with the appropriate care and the exemplary service that our clients have come to expect from us. Therefore, you *must sign the Consent Form before* we can begin to provide services to you because if you do not agree and consent, we cannot treat you or provide services.

When you request services from our practice, several people in our office may collect information about you and all of it may go into your healthcare record. Generally, we may use or disclose your PHI for these purposes: treatment, evaluation, intervention, obtaining payment and healthcare operations.

Treatment/Evaluation/Intervention

- We use your PHI to provide you with psychological treatment, evaluation, intervention and related services. Services may include: individual/family or group psychotherapy; psychological/educational/neuropsychological/ forensic/vocational testing; treatment planning/intervention; tutoring; and measuring the effects of service.
- We may share or disclose your PHI to others who provide treatment to you. For example, we may share your information with your physician. If a team, such as a psychologist, a tutor and/or a consultant is treating you at our office we can share your PHI with them so that the services you receive are well-coordinated.
- Other practitioners at our office, such as RBTs and BCBAs, will also enter their findings, the actions they took, and their plans into your record and will make up your Treatment Plan.
- We may refer you to other professionals, educators or consultants for services that we cannot offer, such as for specialized assessment by a medical doctor. When we do this, we need to tell them some things about you so that they can be aware of our reasons for referral.
- We will often receive copies of the findings and opinions of other professionals and that information will also be entered into your record at our office. If you receive treatment in the future from other professionals, we may also share your PHI with them. These are some examples of how PHI about you may be used and disclosed by us.

Payment

- We may use your PHI to bill you, medical insurance or others so that we can be paid for the treatment/evaluation/intervention services that we provide to you.

- We may be contacted by your insurance company to determine what your insurance covers and we may have to tell them about your diagnoses, what treatment/intervention/evaluation you received from our office, and what additional services we expect to render to you. We may need to also tell your insurance company about the dates that services were provided, what tests were given, your progress or other matters to determine what services your insurance plan may reimburse.

Health care operations

- We may use your PHI to see where we can make improvements in the care and services that we provide to our clients.
- We may be required to supply some information to some government health agencies so they can study disorders and treatment plans for services that are needed. *(Note: If we do use PHI for this purpose, your name and identity will be removed from what we send.)*
- The Knapp Center is seeking licensure for child care and accreditation for mental health services, which means that agencies associated with these pursuits may access a file to ensure proper documentation and completed medical records. Anyone accessing any file will be asked to sign a confidentiality statement maintaining PHI.

1b. Other uses and disclosures of PHI in health care

Appointment Reminders We may use and disclose your PHI to reschedule or remind you of appointments. If you want us to call or write to you only at your home or your work (or if you prefer that we reach you in some other way), we usually can arrange that. Just let us know.

Treatment Alternatives We may use and disclose your PHI to tell you about or recommend possible treatments and interventions that may be of interest to you.

Other Benefits and Services We may use and disclose your PHI to tell you about other benefits and services that may be of interest to you.

Research We may use or share your PHI to do research. For example, we might compare two treatments for the same disorder to see which works better or faster or costs less. *(Note: In all such cases your name, address and other information that reveals who you are will be removed from the data given to researchers.)*

Business Associates There is some work we may give to other businesses to do for us. They are called our *Business Associates* under the law. Examples include: a test publisher we may use to run a computerized scoring and interpretative report for a personality test. These business associates need to receive some of your PHI to do their job. To protect your privacy they have agreed to safeguard your PHI.

2. Uses and disclosures requiring your Authorization

If we want to use your information for any purpose besides TPO (described above), we need your written permission on an **Authorization** form.

- If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time.
- After that time, we will not use or disclose your information.
- We cannot take back, however, any information we previously disclosed with your permission or used in our office for TPO.

3. Uses and disclosures of PHI from mental health records *Not Requiring your Consent or Authorization*

The law requires us to use and disclose some of your PHI without your consent or authorization in these situations:

- We have to report suspected child abuse.
- If you are involved in a lawsuit or a legal proceeding and we receive a subpoena or discovery request, we may have to release some of your PHI. (*Note: We will only do so after trying to tell you about the request, consulting your lawyer or trying to get a court order to protect the information.*)
- We have to release (disclose) some PHI to government agencies, which monitor us, to insure that we are obeying the privacy laws.
- We may release PHI if asked to do so by law enforcement officials to investigate a crime or criminal.
- We may disclose the PHI of military personnel/veterans to government benefit programs for determination or eligibility and enrollment in Workers' Compensation programs; to correctional facilities if you are an inmate; and for national security reasons.
- If we come to believe that you pose a serious threat to your own health/safety or that of another person/public we can disclose some of your PHI. We will only disclose such information, however, to those who can prevent the danger from occurring.

4. Uses and disclosures to which you may object

We can share some information about you with your family or significant others. We will only share such information with those involved in your care or with others you choose, such as close friends, attorneys, educators or clergy. We also only share the information that you want us to share and we will honor your wishes as long as they are not against the law.

If there is an emergency and we cannot ask you if you disagree, we can share information we believe you would have wanted shared and if we believe it will help you. If we do share your PHI information, in an emergency, we will inform you about this as soon as we can. If you do not approve, we will stop sharing such PHI, as long as it is not against the law.

5. Accounting of disclosures

When we disclose your PHI we keep a record of to whom we sent it, when we sent it, and what we sent. You can obtain an account or list of these disclosures.

E. Client Rights

Patients should be aware of their rights. These include, but are not limited to:

- Participating in therapy sessions/observing therapy sessions
- Request to see medical record
- Request release of the medical records to a third party
- Privacy of medical records
- Right to informed consent
- Revoke consent to treat, or revoke authorization to release information
- Request treatment team meetings to review the child's progress
- Right to refuse provider request for taking pictures or videos, and this refusal will not impact your child's treatment
- Being treated with respect

- Making treatment choices, and requesting your treatment team to show you the research support and evidence on treatments
- Right to refuse treatment, or specific interventions used in treatment

Patient responsibilities include, but are not limited to:

- Being respectful to therapists and employees of the Knapp Center
- Being honest with the providers
- Participating in therapy sessions
- Reviewing all quarterly reports, and progress reports written on the child
- Participating in treatment team meetings
- Complying with treatment plans
- Making decisions responsibly
- Meeting financial obligations
- Avoid putting others at risk (i.e. expose therapists to a sick child)

F. If you have questions or problems, or want to file a Grievance

If you need more information or have a question about the privacy practices described above, please speak to our Privacy Officer, Dr. Julie Knapp. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact Dr. Knapp. *You also have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care at our office or take any action against you if you complain.* If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer, Dr. Julie Knapp, who can be reached by phone at (330) 629-2955 or by email at jknapp@knappcenter.org.