

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

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

I may use or disclose your protected health information for treatment, payment, and health care operations purposes with your "consent." To help clarify these terms, here are some definitions:

- "Protected health information" refers to information in your health record that could identify you.
- "Treatment" is when I provide, coordinate or manage your health care (e.g., when I consult with another health care provider, such as your family physician or another psychologist.)
- "Payment" is when I obtain reimbursement for your healthcare (e.g., when I disclose your protected health information 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 my practice (e.g., quality assessment and improvement activities, business-related matters such as audits and administrative services.)
- "Use" applies only to activities within my office.
- "Disclosure" applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.
- "Consent" is when you sign the attached Psychotherapist-Patient Services Agreement form. It is a general statement of permission for ongoing treatment purposes and an indication that you have received this explanation of the law.

II. Uses and Disclosures Requiring a Specific "Authorization"

I may use or disclose protected health information 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than protected health information.

You may revoke all such authorizations (of protected health information or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have 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

I may use or disclose protected health information without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reason to suspect that a child is abused or neglected, I am required by law to report the matter immediately to the Virginia Department of Social Services.
- **Adult and Domestic Abuse:** If I have reason to suspect that an adult is abused, neglected or exploited, I am required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
- **Health Oversight:** The Virginia Board of Psychology has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.
- **Judicial or 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 I will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash (block) the subpoena, I am required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. 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.

- **Serious Threat to Health or Safety:** If I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I must take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer.
- **Confidentiality in the Case of Health Professionals Receiving Treatment:** In addition to the above, every practitioner in the Commonwealth of Virginia licensed or certified by a health regulatory board who treats professionally any person licensed or certified by a health regulatory board must report to the appropriate board whenever any such health professional is treated for mental disorders, chemical dependency, or alcoholism, unless the attending practitioner has determined that there is a reasonable probability that the person being treated is competent to continue in practice or would not constitute a danger to himself or to the health and welfare of his patients or the public. Dr. Bissette has taken the position that any treatment involving professional sexual misconduct is generally necessary to report. In certain cases reporting for any of the above may apply beyond the state lines of Virginia. There is an exception: medical records or information learned or maintained in connection with an alcohol or drug abuse prevention function which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall be exempt from these reporting requirements to the extent that such reporting is in violation of 42 U.S.C. § 290dd-2 or regulations promulgated thereunder. Please discuss any concerns with Dr. Bissette and with an attorney familiar with this area prior to disclosure of information that could cause a report to be filed.
- **Worker's Compensation:** If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

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 protected health information about you. However, I am 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 protected health information by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I 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 protected health information and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the protected health information is maintained in the record. I may deny your access to protected health information under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of protected health information for as long as the protected health information is maintained in the record. I may deny your request. On your request, I 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 protected health information for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I 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 me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- I am required by law to maintain the privacy of protected health information and to provide you with a notice of my legal duties and privacy practices with respect to protected health information.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will advise you at our next meeting after making such a change, or by telephone, followed by mail if I am asked to take action before our next session after such a change.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at my business address or phone.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at my business address.

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.

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

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice is in effect as of April 15, 2003.