

# Notice Of Privacy Practices and Patient rights

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*\* indicates a required field*

## The Psychology Lab

### Notice of Privacy Practices and Patient rights

Effectice Date: June 2021

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

**How Information Is Collected About You:** Information and data is collected through a variety of means including but not necessarily limited to personal interaction, forms filled out by clients, letters, phone calls, emails, and voice mails. This is all documented/stored in the client electronic file.

**What We Do Not Do With Your Information:** Information about you and your behavioral health concerns and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to forms, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about clients who receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

**How We Do Use Your Information:** Information is only used as is reasonably necessary to provide services and/or process payments.

We may use and disclose your health information so that others or we may bill and receive payment from you and/or a third party as identified by you for the treatment and services you received. If payments are not received as agreed upon in your informed consent, information may be disclosed to a debt collector to collect payment.

If you receive services and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

You have the right to ask questions about any procedures used during therapy or about my qualifications as a therapist. You may also ask about any approach and methods used in your sessions. You will be asked what has led you to therapy and what you hope to achieve with this process as well as a number of questions, which will be helpful to assess what is needed in your treatment.

We will disclose your health information when required to do so by international, federal, state, or local law. Please review ARS 12-2293 regarding exceptions to availability to records exceptions.

A typical therapy session lasts for 50-60 minutes. Should you need to extend the session you may be financially responsible for the additional time, this will depend on if you are cash pay or have insurance covering your sessions, you will need to discuss this further with your therapist prior to extended sessions. Sessions tend to include face-face, and or video sessions. Please understand when completing video sessions your therapist will need to know your exact physical location and it will need to be provided to continue with video session.

We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All our business associates are obligated to protect the privacy of your information and are now allowed to use or disclose the information for any other purpose than appears in their contract with us.

After 30 days of inactivity in the file, your chart will be moved to an inactive status. Once you are discharged, should you want to reactivate your chart you will be asked to complete new paperwork to ensure that we have the most up-to-date information on file. The Psychology Lab will attempt to outreach you prior to your closure either through your portal or a phone call.

If you are a member of the armed forces, we may release your health information as required by military command authorities. If you are a member of a foreign military, we may release your health information to the foreign military command authority.

If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

## Social Media Policy

Social Media is a fantastic tool to help people get informed and engaged. Staff at The Psychology Lab may use social media the practice and in an effort to be completely transparent with you, a social media policy has been created so you understand how staff use social media in the practice and how it could impact you and the relationship with your therapist. If you have any questions about the policy, we encourage you to bring them up when meeting with your therapist. Social media is also constantly changing and there may be times when we need to update this policy. If it's updated, inform you of the changes in session, and likely will send another form for you to sign. The basis for this policy is to truly protect the relationship and your confidentiality in session.

Let's talk about confidentiality for a moment. You are the person that can decide what you want to keep confidential. Your therapist will maintain complete confidential except in cases of where you might harm yourself or others (see informed consent for details). Thus, if you post on my page, you are opening up the possibility of people inferring about our relationship or asking you about your connection to me. You get to decide what you tell people. You have a choice as to what you reveal about yourself online, however your therapist will not reveal their connection to you.

This is how your therapist at The Psychology Lab will handle different social media options:

**FRIENDING:** To respect your privacy and confidentiality, all staff at The Psychology Lab will not accept friend requests on their personal Facebook page from current or former clients on any social networking site.

**FANNING:** You may “like” the Facebook business page. However, the information on the business Facebook page is

often information on my website as well, or ways to promote the business. If you “like” the business page, you are choosing to reveal that you are connected to The Psychology Lab in some way. My business page exists to be a forum of information and inspiration. Staff will not engage in conversations with you on that page. However, if you find the business page helpful then that is great!

**FOLLOWING:** There may be a time staff will publish a blog on the website and/or post psychology news on other media sites such as Twitter or Instagram. The Psychology Lab has no expectation that clients will want to follow any blog or Twitter, or media stream. Note no staff will not follow you on media sites. If there are things from your online life that you wish to share with your therapist, please bring them into session where you and your therapist can view and explore them together, during the therapy hour.

**INTERACTING:** Please do not use messaging on Social Networking sites such as Twitter, Facebook, or

LinkedIn to contact anyone at The Psychology Lab. Also, if there were an emergency, staff would not be able to respond. The best way to interact with your therapist/staff is by email or phone, or your portal. Any outreach becomes a part of your legal medical record and will need to be documented and archived in your chart.

**USE OF SEARCH ENGINES:** You may have a Facebook page, Instagram account or twitter accounts. The Psychology Lab staff/therapist's do not “google” clients or look up information on them for any reason. It is important that your therapist knows you as you are in the office. If staff does come across your information online, they will move on and avoid reading content.

**BUSINESS REVIEW SITES:** At times we may use reviews in relation to the business. Some of these sites include

forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find The Psychology Lab listing on any of these sites, please know the listing is NOT a request for a testimonial, rating, or endorsement from you as the client. It is unethical to solicit testimonials.

Of course, you have a right to express yourself on any site you wish. If you do post a review, staff cannot respond on any of these sites whether it is positive or negative. The Psychology Lab urges you to take your own privacy as seriously as we take our commitment of confidentiality to you. When working together, we hope that you will bring your feelings and reactions to work directly into the therapy process. This can be an important part of therapy, even if you decide you and your therapist are not a good fit. Confidentiality means that your therapist cannot tell people that you are their client and our Ethical Code prohibits requesting testimonials. You are more than welcome to tell anyone you wish that you have a therapist or how you feel about the treatment being provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, we hope you will keep in mind that you may be sharing personally revealing information in a public forum. The Psychology Lab urges you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you feel your therapist has done something harmful or unethical and you do not feel comfortable discussing it with your therapist or their supervisor at The Psychology Lab, you can always contact the Arizona Board of Behavioral Health Examiners, which oversees licensing, at <http://azbbhe.us/>

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- Right to Inspect and Copy. You have the right to request your medical and billing records by written request to the practice as outlined in your informed consent.
- Right to Amend. You have the right to request an amendment to your records by written request, including an accounting of disclosures of substance use disorder [SUD] treatment records. An accounting of disclosures will include a list of individuals or entities to whom your records have been provided.
- Right to an Accounting of Disclosures. You have a right to an accounting of certain disclosures by written request.
- Right to Request Restrictions. You have the right to request restriction or limitation on your health information used for treatment, payment, or health care operations, including for SUD treatment records. You may request us to limit disclosure to someone involved in your care or in payment for your care (such as a spouse) by written request.
- Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- You can ask, for example, that we contact you only by mail or at work. Your written request must specify how or where you wish to be contacted.
- To be treated with dignity, respect and consideration
- To not be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment
- To receive treatment that supports and respects the client's individuality, choices, strengths and abilities; that supports the client's personal liberty, according to a court order by the client's consent; and is provided in the least restrictive environment that meets the client's treatment needs.
- To receive treatment that incorporates the family members, guardian, and/or other support persons as appropriate
- To not be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights.
- To submit grievances to The Psychology Lab and/or complaints to outside entities without constraint or retaliation.
- To have grievances considered by The Psychology Lab in a fair, timely and impartial manner.
- To seek, speak to, and be assisted by legal counsel of the client's choice at the client's expense.

- To receive assistance from a family member, designated representative, or other individual in understanding, protecting or exercising the client's rights.
- To have client's information and records be confidential and released only as permitted by state and federal law (under R9-10-1908), court order, or as authorized in writing by the client's legal guardian.
- To privacy in treatment, including the right to not be fingerprinted, photographed, or recorded without written consent by the parent/guardian prior to the event and with full disclosure of the intended use of the image. Use of an image for promotion, marketing and financial gain is strictly prohibited. Exception: photographing for administrative purpose as provided by ARS Title 36-507 (2) and for video recordings used for security purposes and that are maintained only on a temporary basis.
- To review, upon written request by the client's legal guardian, the client's record during normal agency business hours or at a time agreed upon between the client's legal guardian and the contractor according to ARS12-2293,12-2294,12-2294.01; to review at the agency the report of the most recent inspection of the premises conducted by ADHS, and any plan of correction in effect as required by ADHS.
- To be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a behavior health service provided to a client experiencing a crisis situation.
- To consent to treatment, unless treatment is ordered by a court of competent jurisdiction after receiving a verbal explanation of the client's condition and the proposed treatment, including the intended outcome, the nature of the proposed treatment, any procedures involved in the proposed treatment, risks or side effects of the proposed treatment and any alternatives to the proposed treatment.
- To be free from abuse, neglect, exploitation, coercion, manipulation, sexual abuse, sexual assault, restraint or seclusion, retaliation for submitting a complaint to the Department or another entity, and misappropriation of personal and private property by a counseling facility's personnel member, employee, volunteer, or student.
- To be offered or referred for the treatment specified in the client's treatment plan or to receive a referral to another agency if this agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan.
- To have the client's parent, guardian, custodian, or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan.
- To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court according to ARS Title 36, Chapter 5, is necessary to save the client's life or physical health, or is provided according to ARS 36-512
- To be free from abuse, neglect, exploitation, coercion, manipulation, retaliation for submitting a complaint, discharge/transfer/threat of discharge for reasons unrelated to the client's treatment needs, except as established in the signed fee agreement, treatment that involves the denial of food/sleep/opportunity to use the toilet, restraint or seclusion of any form.
- To participate or refuse to participate in religious activities.
- To control the client's own finances except as provided by ARS 36-507(5).

- To participate or refuse to participate in research or experimental treatment; to give informed consent in writing/refuse to give informed

consent/withdraw informed consent to participate in research or in treatment that is not professionally recognized

- To be free from performing any labor for the agency.
- To refuse to acknowledge gratitude to The Psychology Lab through written statements, other media, or speaking engagements at public gatherings.
- Smoking of any kind is prohibited in or on the property of any facility where The Psychology Lab provides services to clients.
- If enrolled in a regional behavioral health authority as an individual, to receive assistance from that agency in understanding, protecting or exercising client rights.
- To receive information on creating an advance psychiatric directive for a mental health care power of attorney
- To ask questions if I or my family members need assistance in understanding any aspect of my client rights
- You have a right for a periodic review and revision of your treatment plan.

Your records will be kept on file for a maximum of 7 years.

#### Privacy of SUD Records

SUD records may only be disclosed if you sign an authorization allowing The Psychology Lab to disclose them. 42 CFR part 2 allows you to sign a single authorization to allow disclosure of your SUD treatment records for treatment, payment, and healthcare operations purposes. If disclosed by The Psychology Lab pursuant to that authorization, your SUD records may be subject to redisclosure by the recipient.

However, SUD treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

## Privacy in Child Therapy

Clients under the age of 18 years of age who are not emancipated, and their parents, should be aware that the law may allow parents to examine their child's treatment records. One of the major purposes of therapy is to create a safe place for child(ren) to discuss any topic in a healthy manner. Many children (and more often adolescents) will not open up and reveal information if they are aware that the information will be disclosed.

The Psychology Lab requests your child's privacy be honored during the course of therapy unless he or she discloses harmful situations at which time you would need to be involved in treatment for us to discuss how to keep your child safe.

Experience has shown that revealing therapy notes or the content of conversations can harm the trust relationship between therapist and child(ren). No matter how carefully this is explained, the child(ren)

can invariably feel betrayed and may no longer choose to be in therapy with the individual who released the information. Sometimes this breach of trust may have an impact on other relationships as well such as the relationship between the parent(s) and the child(ren). Please review parental access ARS 403.06 for further details related to documentation within a minors chart.

## HIPPA

The rules regarding confidentiality, privacy, and records are complex. The HIPPA Notice of Privacy Practices details the considerations regarding confidentiality, privacy, and your records. This notice also contains information about your right to access your record and the details of the procedures to obtain them, should you choose to do so. Periodically, the HIPPA Notice of Privacy Practices may be revised. It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.

Pursuant to HIPPA, Protected Health Information (PHI) is retained in two separate professional records. One set constitutes your "Clinical Record." It is including information about your reason for seeking therapy, a description of ways in which the problem impacts you, the 'couple', your child's life, the diagnosis, the goals that we set for treatment, progress toward these goals, medical and social history, treatment history, and any past treatment records received from other providers, reports of any professional consultations, billing records, and any prepared reports or letters, including reports/updates sent to your insurance provider. Except in unusual circumstances that involve danger to self or others, or where information has been supplied confidentially, you may examine and/or receive a copy of your Clinical Record, as requested in writing.

Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, it is recommended that you initially review them with your therapist present or have them forwarded to another mental health professional so you can discuss the contents.

In addition, "Psychotherapy notes" are also kept as a separate professional record. "Psychotherapy notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversations during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. They may also contain particularly sensitive information that may be revealed that is not required to be included in your Clinical Record. Psychotherapy notes usually excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date (See Federal Confidentiality Rules 42 CFR Part 2 and 45 CFR Parts 160, 162, & 164; U.S Department of Health and Human Services, Office for Civil Rights). While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your written consent and signed authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Psychotherapy Notes unless your therapist determines that such access is clinically contraindicated.

I consent to the use or disclosure of my protected health information (PHI) by all The Psychology Lab associates for the purpose of diagnosing or providing treatment to myself, child, or family; obtaining payment for my health care bills; or to conduct health care operations. "The Privacy Rule protects 'all individually identifiable health information' (PHI) held or transmitted by a covered entity or its business associate, in any for or media, whether electronic, paper, or oral." The Privacy Rule calls this information 'protected health information.' 'Individually identifiable health information' is information including demographic data that relates to: 1) The individual's past, present, or future physical or mental health or condition; 2) the provision of health care to the individual; or 3) the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a

reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g. name, address, birth date, social security number, etc.)."

#### CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

## CHANGES TO THIS NOTICE

#### Changes to the "Notice of Privacy Practices"

The Psychology Lab reserves the right to change this Notice. The Psychology Lab reserves the right to make the revised notice effective for your medical information that The Psychology Lab already has about you, as well as any medical information we will receive following the revision. The Psychology Lab will post a copy of the current Notice at both physical locations of this agency. The Notice will contain the effective date at the bottom of each page. The Psychology Lab will make you aware of any revisions by posting the revised Notice in all the above locations.

#### Complaints

If you believe your privacy rights have been violated, you may submit your complaint in writing to the The Psychology Lab Administrator by emailing: [connect@thepsychologylab.com](mailto:connect@thepsychologylab.com). If we cannot resolve

your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized, nor will you be penalized for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights. Complaints may be submitted online at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html> , by mail, or by phone at 1-800-368-1019. You will not be retaliated against for filing a complaint, or by

sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201.

This language is fully compliant with 45 CFR §164.520(b)(1)(vi).

#### Other Uses and Disclosures

Other uses and disclosures of your medical information not covered by this Notice will be made only with your written authorization. If you provide us with written authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, The Psychology Lab will no longer use or disclose your medical information for the reasons covered by the authorization. The Psychology Lab is unable to take back any disclosures already made based on your authorization.

We may change this notice and make it effective for medical information we already have about you as well as new information. The current notice will be available at all times. You have a right to request a paper copy of the current notice by written request. That I have read or had this form read and/or had this form explained to me. I fully understand its contents including the risks and benefits of the procedure(s). I have been given the opportunity to ask questions and that any questions have been answered to my satisfaction.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

I understand the HIPPA Notice of Privacy Practices and Client Rights, and have had my questions about rights, privacy, and confidentiality answered to my satisfaction. I understand that the HIPPA Notice of Privacy Practices is incorporated by reference into this agreement.

**\* Signature of patient/guardian**

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