



KITSAP PENINSULA OCD & ANXIETY SERVICES

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

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

Kitsap Peninsula OCD and Anxiety Services (KPOAS) 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, Payment and Health Care Operations*”

– *Treatment* is when a clinician provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when your clinician consults with another health care provider, such as your psychiatrist or primary care physician or another psychologist.

- *Payment* is when KPOAS obtains reimbursement for your healthcare. Examples of payment are when KPOAS discloses your PHI 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 KPOAS. 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 KPOAS, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of KPOAS, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

KPOAS may use or disclose PHI 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 KPOAS is asked for information for purposes outside of treatment, payment, and health care operations, KPOAS will obtain an authorization from you before releasing this information. KPOAS will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes made about conversations during a private, group, joint, or family counseling session, which are 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) KPOAS has 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; or (3) as otherwise prohibited by law.

KPOAS will also obtain an authorization from you before using or disclosing:

- PHI in a way that is not described in this Notice
- Psychotherapy Notes
- PHI for marketing purposes
- PHI in a way that is considered a sale of PHI

III. Uses and Disclosures with Neither Consent nor Authorization

KPOAS may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If, in a professional capacity, your clinician knows or suspects that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, the clinician is required by law to immediately report that knowledge or suspicion to the Ohio Public Children Services Agency or comparable agency in the state you reside, or a municipal or county peace officer.

Adult and Domestic Abuse: If your clinician has a reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, they are required by law to immediately report such belief to the County Department of Job and Family Services or comparable agency in the state in which you reside.

Judicial or 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 and your clinician will not release this information without written authorization from you or your personally- or 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.

Serious Threat to Health or Safety: If your clinician believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, they may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and your clinician believes you have the intent and ability to carry out the threat, then they are 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, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 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, and c) the identity of the potential victim(s).

Worker's Compensation: If you file a worker's compensation claim, your clinician may be required to give your mental health information to relevant parties and officials.

State Privacy Rule and Confidentiality Law: Washington and Ohio both allow under certain narrowly defined circumstances the use and disclosure without your consent or authorization. These include disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes related to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

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 PHI about you. However, PKOAS 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 receiving services at KPOAS. Upon your request, KPOAS 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 and psychotherapy notes in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. KPOAS may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice).

Right to a Paper Copy – You have the right to obtain a paper copy of the Notice upon request, even if you have agreed to receive the Notice electronically.

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket – you have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for services.

Right to Be Notified if There is a Breach of Your Unsecured PHI – you have the right to be notified if:

1. If there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI
2. That PHI has not been encrypted to government standards
3. KPOAS's risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Right to Opt Out of Fund Raising Communications – you have a right to decide that you would like to be excluded from fund raising communications.

Psychologist's Duties:

Psychologists are required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

KPOAS reserves the right to change the privacy policies and practices described in this notice. Unless KPOAS notifies you of such changes, KPOAS and its clinicians are required to abide by the terms currently in effect.

If KPOAS revises its policies and procedures, KPOAS will notify you at the next session, or via U.S. mail, or through electronic means such as the patient portal

KPOAS is required by law to notify affected clients following a breach of unsecured PHI.

V. Complaints

If you have concerns or are dissatisfied with the services you receive at KPOAS, we look forward to discussing the issues with you and will work hard to satisfy and remedy your

concerns. Washington residents may submit complaints regarding privacy violations to the Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857, or by calling 360-236-4700.

If you are an Ohio resident, and are concerned that your privacy rights have been violated, or you disagree with decision made about access to your records, you may contact the Ohio Psychology State Board at (614) 460-8808.

Alternatively, if you have any questions or need help filing a civil rights, conscience or religious freedom, or health information privacy complaint, you may email OCR at OCRMail@hhs.gov or call the U.S. Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697.

VI. Effective Date, Restrictions and Changes to Privacy Policy

The effective date of this Notice is 4/01/2020