



HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule establishes national standards to protect individuals' medical records and other personal health information (PHI) and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

The Young Mind Center is committed to protecting your privacy and confidentiality to the fullest extent of the law. 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.

Uses and Disclosures that Do Not Require Your Authorization

Disclosure of your PHI without your authorization may include, but is not limited to, sending insurance billing, case management and/or care coordination with your insurance company or HMO, and consulting with your family physician and your other health care provider.

Additionally, there are some legal circumstances where we may use or disclose your PHI without your written authorization or consent. These include the following:

- **Child Abuse:** Whenever a psychologist, in his/her professional capacity, has knowledge of or observes a child he/she knows or reasonably suspects, has been the victim of child abuse or neglect, the psychologist must immediately report such to the proper county authorities. If requested, the psychologist must turn over information from your records relevant to a child protective services investigation.
- **Adult and Domestic Abuse:** Whenever a psychologist, in his/her professional capacity, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if the psychologist is told by an elder or dependent adult that he or she has experienced these or if the psychologist reasonably suspect such, he/she must report the known or suspected abuse immediately to the proper county authorities.
- **Health Oversight:** If a complaint is filed against a psychologist with the Arizona Board of Psychologist Examiners, the Board has the authority to subpoena confidential mental health information the client's records relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that a psychologist has provided you, he/she must not release your information without 1) your written authorization or the authorization of your attorney or personal representative, 2) a court order, or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides me with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified the psychologist

that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. The psychologist will inform you in advance if this is the case.

- **Serious Threat to Health or Safety:** If you communicate a serious threat of physical violence against an identifiable victim, the psychologist must make reasonable efforts to communicate that information to the potential victim and police. If the psychologist has reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, he/she may release relevant information as necessary to prevent the threatened danger.

- **Worker's Compensation:** If you file a worker's compensation claim, the psychologist must furnish a report to your employer and the Arizona Industrial Commission, incorporating the findings about your injury and treatment, in order to determine your eligibility for worker's compensation.

- **Other:** There may be other situations when we are *specifically required by law* to release your PHI.

Uses and Disclosures Requiring Your Authorization

In order to use or disclose your PHI in situations other than those previously discussed, we must obtain your written authorization. This authorization must be obtained before information is released. Examples of these situations include releasing psychotherapy notes, conducting research, and marketing purposes. It is the Young Mind Center's practice to participate in charitable events to raise awareness and funds for autism-related activities. During such times, we may send you a letter, postcard, invitation, or call your home to invite you to participate in the charitable activity. It is not our policy to disclose any PHI related to your treatment for the purpose of fundraising events sponsored by the Young Mind Center.

Client's Rights and Psychologist's Duties

A client has the right to:

- Request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- Request and receive confidential communication of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are a client of the Young Mind Center. Upon your request, we will send any correspondence to another address.
- Inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to your PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- Request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.

- Receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your request, we will discuss with you the details of the accounting process.
- Obtain a paper copy of this notice from us upon request.

Psychologist's Duties:

- Psychologists are required by law to maintain the privacy of PHI and to provide you with this notice of their legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice and to make the new notice provisions effective for all PHI that is maintained. Unless we notify you of such changes, we are required to abide by the terms currently in effect.
- If we substantially revise our policies and procedures, we will immediately change this notice and place the revised version in the policy manual in our office. We will notify you verbally of such a change at your next appointment, and we will provide you with a paper copy of the revised notice upon request.

Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the Young Mind Center at 602.237.6653.

If you feel that we were unable to adequately address your concerns, you may file a written complaint with Office of Civil Rights (OCR). OCR can investigate complaints against covered entities. According to OCR guidelines, your complaint must:

1. Be filed in writing, either on paper or electronically, by mail, fax, or e-mail.
2. Name the covered entity involved and describe the acts or omissions you believe violated the requirements of the Privacy or Security Rule.
3. Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause."

HIPAA Signature Page
Acknowledgement of Receipt of “Notice of Privacy Practices”

This form documents that **Young Mind Center** has given you the “Notice” that is required. HIPAA covers what is called “protected health information” (PHI) that is used for treatment, payment, and health care operations. PHI is information in your health record that could identify you.

By way of my signature, I acknowledge that **Young Mind Center** has given me a copy of the Privacy Notice as required by the federal government’s HIPAA legislation. I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my information.

name of client (or guardian)

signature of client (or guardian)

date