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## **New York Notice Form**

### **Notice of Psychologists' 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**

I may use or disclose your protected health information (PHI) with your consent for treatment, payment, and health care operation purposes. 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 I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment in this context would be 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. An example of payment in this context is when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility of coverage.
  - “Health Care Operations” in this context are activities that relate to the performance and operation of my practice. 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 my office such as sharing, employing, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

#### **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and healthcare 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 healthcare 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. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have 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 (1) to the extent that 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 PHI without your consent or authorization of the following circumstances:

- **Child Abuse:** If, in my professional capacity, a child comes before me which I have reasonable cause to suspect is an abused or maltreated child, or if I have reasonable cause to suspect a child is abused or maltreated where the parent, guardian, custodian or other person legally responsible for such child comes before me in my professional or official capacity and states from personal knowledge, facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child, I must report such abuse or maltreatment to the statewide central register of child abuse and maltreatment, or the local child protective services agency.
- **Health Oversight:** If there is an inquiry or complaint about my professional conduct to the New York State Board for Psychology, I must furnish to the New York Commissioner of Education, your confidential mental health records relevant to this 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 or the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your 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:** I may disclose your confidential information to protect you or others from the serious threat of harm by you.
- **Worker's Compensation:** If you file a worker's compensation claim and I am treating you for the issues involved with that complaint, then I must furnish to the chairman of the Worker's Compensation Board records that contain information regarding your psychological condition and treatment.

### 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 disclosure of your PHI 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 PHI by alternative means and 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 PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI 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 PHI for as long as the PHI 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 PHI 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 PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will mail the revised Notice to you, as well as make it available in my office.

**V. Questions and Complaints**

If you have questions about this notice, disagree with the decision I make about your access to records, or of other concerns about your privacy rights, you may contact me at any time.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me at Dr. Elanna Lazaruk, 3 Hillside Place, Ardsley, NY 10502. You may also send a written complaint to the Secretary of the US Department of Health and Human Services. I 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 will go into effect on July 18, 2013.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by either distributing it to you in the office or mailing it to you at your home address.

**VII. Consent for Treatment**

I have read and understood this policy statement. I accept, understand, and agree to abide by the contents in terms of this agreement and further, consent to participate in evaluation and\or treatment. I understand that I may withdraw from treatment at any time.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fill out if Patient is under 18 years of age:

Parent/Guardian Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_