

PRIVACY PRACTICES

Each time you visit me or another healthcare provider, information is collected about you and your physical or mental health. The information I collect from you is called, in the law, **PHI**, which stands for **Protected Health Information**. This information goes into your healthcare record or file.

In this office this **PHI** is likely to include these kinds of information:

- Your history: as a child, in school and at work; marriage and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms or needs
- A treatment plan. A list of the treatments and any other services that I think will be best to help you
- Progress notes. Each time you come in I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated or evaluated you.
- Psychological test scores, school records and other reports.
- Information about medication you took or are taking.
- Legal matters.
- Billing and insurance information.

Although your health record is the physical property of the healthcare provider, the information in the record belongs to you. You can read it and if you want a copy, I can make one for you. Please note that there may be a charge to you for the costs of copying and mailing. If you find anything in your record that you think is incorrect or believe that something important is missing you can ask me to add information to your record although in some rare situations I don't have to agree to that.

I am also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPPA). The HIPPA law requires me to keep your PHI private and to give you notice of our legal duties and our privacy practice. I will obey these rules as long as they are in effect but if the law changes, the rules of the new Notice will apply to the entire PHI. If I change the Notice I will post a new Notice in the office where everyone can see. You can also get a copy.

How your PHI can be used and shared

I may use or disclose your PHI for three purposes: treatment, payment and what are called healthcare operations.

For treatment

I use your medical information to provide you with psychological treatments or services.

For payment

I use your information to bill you or your insurance so that I can be paid for treatments I provide to you. I may contact your insurance company to check on exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect. I will need to tell them about when we meet, your progress and other similar things.

For health care operation

In my practice, healthcare operations refer to the billing person and collection service that I employ. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with me to safeguard your information.

In general your mental health records cannot be disclosed without your written authorization.

Under Indiana Law I can disclose such records without written permission only in the following situations:

- If the disclosure is made to you. (I will ask you to sign a release form for our records.)
- Disclosures to my employees in certain circumstances (see Healthcare Operation)
- for payment purposes
- For law enforcement purposes or to avert a serious threat to the health and safety of you or others
- To a coroner or medical examiner
- To satisfy release of information requirements that is required by law. For example I have to report suspected child abuse and I have to disclose some information to the government agencies which check on me to see that I am obeying the privacy laws
- To another provider in an emergency
- Under a court order
- To the Secret Service if necessary to protect a person under their protection
- To the statewide waiver ombudsman.

In any other situation not covered by this notice, I will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying me in writing of your decision.

Your Rights Regarding Your Health Information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private to you. For example, you can ask me to call you at home, and not at work to schedule or cancel an appointment.
2. You have the right to ask me to limit what I tell people involved in your care or the payment for you care.
3. You have the right to look at the health information I have about you. You can even get a copy but there will be a charge.
4. If you believe that information in your record is incorrect or missing important information, you can ask to make some kinds of changes to your health information. You have to make this request in writing. You must tell me the reasons
5. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be in writing.
6. You have a right to a list of those instances where I have disclosed medical information about you other than for treatment, payment, healthcare operations or where you specifically authorized a disclosure, when you submitted a written request. The request must state the time period desired for the accounting, which must be a 6-year period starting after April 14, 2003. The first disclosure list is free; other requests will be charged according to my cost of producing the list. You will be informed of the cost before you incur any charge.
7. You have a right to a copy of this notice. If I change this NPP I will post a new version in the office waiting area.

Disclosure of Medical Information of Minors

Under Indiana law, I cannot disclose the medical information of minors to non-custodial parents if a court order or decree is in place that prohibits the non-custodial parent from receiving such information. However, I must have documentation of the court order prior to denying the non-custodial parent access.

The effective date of this notice is April 14, 2003.

CONSENT TO USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION

This form is an agreement between you, _____ and me, Elizabeth Van Tassel, PhD. When I use the word "you" below, it can mean you, your child, a relative or another person if you have written his or her name here _____.

When I evaluate, test, diagnose, treat or refer you I will be collecting what the law calls Protected Healthcare Information (PHI) about you. I need to use this information with others who provide treatment to you, need it to arrange payment for your treatment or for other business or government functions.

By signing this form you are agreeing to let me use your information and send it to others. The Notice of Privacy Practices explains in more detail your rights and how I can share your information. Please read this before you sign this Consent Form.

If you are concerned about some of your information, you have the right to ask me to not use or share some of your information for treatment or payment purposes. You will have to tell me what you want in writing. Although I will try to respect your wishes, I am not required to agree to these limitations. However, if we do agree, I promise to do as you've asked.

After you have signed this consent, you have the right to revoke it by writing a letter to me telling me you no longer consent, I will comply with your wishes about using or sharing your information from that time on but I may already have used or shared some of your information and that cannot be changed.

Signature of patient or his or her personal representative

Date

Printed name of patient or personal representative

Date

Description of personal representative's authority

Elizabeth Van Tassel, Ph.D.
Signature of Psychologist