

The Wright Psychology and Learning Center, PLLC

KENTUCKY NOTICE FORM

Notice of Psychologist's 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

We may use or disclose your protected health information (PHI) for treatment, payment and health care operations 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 we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
 - Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose 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 our 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 our office or practice group, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our office or practice group, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosure Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or 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 we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information. We also will need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes we have made about or conversation during a private, group, family or joint counseling session, which we 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 to the extent that 1) we 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

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

- **Child Abuse:** If we have reasonable cause to believe that a child is dependent, neglected or abused we must report this belief to the appropriate authorities, which may include the Kentucky Cabinet for Families and Children or its designated representative, the commonwealth’s attorney or the county attorney, or the local law enforcement agency or the Kentucky State Police. “Dependent Child” means any child, other than an abused or neglected child, who is under improper care, custody, control or guardianship that is not due to an intentional act of the parent, guardian, or person exercising custodial control or supervision of the child.
- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an adult has suffered abuse, neglect or exploitation we must report this belief to the Kentucky Cabinet for Families and Children.

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- **Health Oversight Activities:** The Kentucky Board of Examiners of Psychology may subpoena records from me relevant to its disciplinary proceedings and investigations.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your personal 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 you communicate to me an actual threat of physical violence against a clearly identified or reasonably identifiable victim or an actual threat of some specific violent act we have a duty to notify the victim and law enforcement authorities. Likewise, if you communicate to me an intent to harm yourself physically we have a duty to seek additional treatment to ensure your safety with our without your consent.
- **Workers' Compensation:** If you file a claim for workers' compensation you waive the psychotherapist-patient privilege and consent to disclosure of your PHI reasonably related to your injury or disease to your employer, workers' compensation insurer, special fund, uninsured employers' fund or the administrative law judge.

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. However, we are 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 you are seeing me. On your request we will send bills to another address.
- Right to inspect and copy – You have the right to inspect and/or obtain a copy 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 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.
- Right to amend – You have the right to 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.
- Right to an accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request we 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:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will either review the changes with you in person and/or hand deliver or mail you a copy of the changes.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the Kentucky Board of Examiners of Psychology or the Kentucky Psychological Association. You may also send a written letter of complaint to the Secretary of the U.S. Department of Health and Human Services. The organizations listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.