

HYLAND PSYCHOLOGICAL SERVICES, INC. NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS

Hyland Psychological Services, Inc. takes privacy seriously and is dedicated to protecting clients' Private Health Information (PHI). This document outlines the ways in which your health information may be used and disclosed and your rights as a client.

PHI may be disclosed in the following ways:

1. **To provide treatment to you.** We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others.

2. **To obtain payment for services.** Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you by us. Before you receive scheduled services, we may share information about these services with your insurance company. Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of medical information about you with the following:
 - Billing departments;
 - Collection departments or agencies, or attorneys assisting us with collections;
 - Insurance companies, health plans and their agents which provide you coverage;
 - Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and
 - Consumer reporting agencies (e.g., credit bureaus).

3. **For health care operations.** We may use and disclose PHI in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose PHI about you for "health care operations" include but are not limited to the following:¹
 - Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
 - Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
 - Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.

- Assisting various people who review our activities.
- Conducting business management and general administrative activities related to our organization and the services it provides.
- Reviewing activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.
- Complying with this Notice and with applicable laws.

4. We may use and disclose PHI under other circumstances without your authorization. We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent or give authorization. Examples of those circumstances include but are not limited to the following:

- *When the use and/or disclosure is required by law or when the disclosure is for judicial and administrative proceedings.* Ex: we may disclose PHI about you in response to a court order.
- *When the disclosure relates to victims of abuse, neglect or domestic violence or when the disclosure is for law enforcement purposes.* Ex: we may disclose PHI about you in order to comply with laws that require the reporting of certain types of injuries.
- *When the use and/or disclosure is to avert a serious threat to health or safety.* Ex: we may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

5. We may contact you to provide appointment reminders.

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers.

6. You can object to certain uses and disclosures. Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

Uses and Disclosures Requiring Written Authorization:

Under any circumstances other than those listed above, we will ask for your written authorization before disclosing PHI about you. When appropriate written authorization is obtained, Hyland Psychological Services, Inc. may use or disclose PHI to others whom you designate. For example, you may ask us to contact a school or other medical professional with whom you are working. Signed authorizations can be withdrawn at any

time. Authorizations must be canceled in writing, after which further PHI will not be disclosed about you about you, except for disclosures which were being processed prior to receiving your cancellation.

If you wish to receive further information regarding HIPAA and PHI, you may visit www.nchica.org

Client Rights and Responsibilities

Your Rights Regarding Your Protected Health Information (PHI)

1. You have the right to request confidential communications and may request how and where we contact you. We will accommodate reasonable requests.
2. You have the right to request restrictions on the uses and disclosures of PHI about you. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request; however, if we do agree, we will comply with the agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. Requests must be made in writing.
3. You have the right to see and receive a copy of PHI about you. You have the right to inspect and obtain a copy of the PHI contained in clinical and billing records. Under certain circumstances, we reserve the right to deny access to PHI. You have the right to have such denials reviewed. Requests for inspection or copies must be made in writing. You may be charged associated fees for the costs of copying, mailing, labor, and supplies for your request. Instead of providing you with a full copy of the PHI, I may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary

If you believe your privacy rights have been violated or you disagree with a decision that we made about access to your records, you may contact our office for further information. You may also file a complaint with the U.S. Secretary of the Department of Health and Services.

Additionally...

You have the right to be informed about fees and policies (including rights, privacy, confidentiality and exceptions) before beginning treatment.

This is a voluntary service and you have the right to withdraw from treatment at any time without penalty. You are responsible for payment of any and all services rendered at that time.

You have the right to ask questions about my qualifications & training, as well as recommended treatment and suggested interventions. You additionally have the right to

refuse any treatment or recommendations.

You have the right to receive feedback about progress.

You have the right to receive services in a safe environment free from sexual harassment.

You have the right to file a complaint with professional associations if you believe that you have been treated unethically.

