



PRIVACY NOTICE

Notice of Ochester Psychological Services, LLC 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

Ochester Psychological Services, LLC may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your consent. 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 Ochester Psychological Services, LLC. 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 Ochester Psychological Services, LLC, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Ochester Psychological Services, LLC, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Ochester Psychological Services, LLC 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. If your psychologist keeps “psychotherapy notes,” we will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes about your conversation during a private, group, or joint counseling session, which are kept separate from the rest of your file. These notes are given a greater degree of protection than PHI. The psychologist you work with may or may not keep separate “psychotherapy notes” as defined here. Your psychologist will discuss this with you.

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) Ochester Psychological Services, LLC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Ochester Psychological Services, LLC may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If we have reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or if we observe a child being subjected to conditions which would reasonably result in abuse or neglect, Ochester Psychological Services, LLC must immediately report such information to the appropriate state agency or authority. We must also report sexual abuse or molestation of a child less than 18 years of age to said agency. We may also report child abuse or neglect to a law enforcement agency or juvenile office.
- *Adult and Domestic Abuse* – If we have reasonable cause to suspect that an eligible adult (defined below) presents a likelihood of suffering physical harm or is in need of protective services, Ochester Psychological Services, LLC must report such information to the appropriate state agency or authority.

“*Eligible adult*” means any person 60 years of age or older, or an adult with a handicap (substantially limiting mental or physical impairment) between the ages of 18 and 59 who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs.

- *Health Oversight Activities* – The Missouri Attorney General’s Office may subpoena records relevant to disciplinary proceedings and investigations conducted by the Missouri State Committee of Psychologists. We may also disclose PHI to the Kansas Behavioral Sciences Regulatory Board if necessary for a proceeding before the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and Ochester Psychological Services, LLC

will not release information without written authorization from 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. We will inform you in advance if this is the case.

- *Serious Threat to Health or Safety* – When we judge that disclosure is necessary to protect against a substantial risk of harm being inflicted by you on yourself or another person, Ochester Psychological Services, LLC must disclose your relevant confidential information to the appropriate professional workers, public authorities, the potential victim, his or her family, your family and/or others who might be able to protect you or the individual at risk.
- *Workers' Compensation* – We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Your Rights and Psychologist's Duties

Your Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, Ochester Psychological Services, LLC is 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 that you are being seen at Ochester Psychological Services, LLC. On your request, we 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 in Ochester Psychological Services, LLC 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, a psychologist 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. Ochester Psychological Services, LLC may deny your request. On your request, a psychologist 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, a clinician 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 Privacy Notice from Ochester Psychological Services, LLC upon request.

Psychologist's Duties:

- Ochester Psychological Services, LLC is 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.
- Ochester Psychological Services, LLC reserves 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 Ochester Psychological Services, LLC revises our policies and procedures, we will post a revised notice on our website (www.kctherapist.com) and in the facility where you receive services. Paper copies will be available upon request.

V. Complaints

If you are concerned that Ochester Psychological Services, LLC has violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact Tracy E Ochester, Psy.D. at (913) 317-5566.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person 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 14th, 2003.

Ochester Psychological Services, LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. If we revise this notice, we will post a revised notice on our website and in the facility where you receive services. Paper copies will be available upon request.