

Sylvia M. Doss, Ph.D., PLLC.

**HIPAA NOTICE OF PRIVACY PRACTICES**

**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.

Protected Health Information (PHI) is all healthcare information that is about you or can identify you.

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent.

**Treatment** is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment 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. Examples of payment are when I 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 my practice. Examples of health care operations are quality assurance activities, administrative services, and case management and/or care coordination.

**II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

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

**State Law-** I am mandated by state law to disclose your PHI information in certain situations:

1. Threats of serious harm to yourself or others.
2. Suspected or known abuse, exploitation, or neglect of a child or vulnerable adult.
3. You are believed to be gravely disabled.
4. Court order to release records or other information about your psychological services.

**Health Oversight Activities** – If the Arizona Board of Psychological Examiners is conducting an investigation, then I am required to disclose PHI a request from the Board.

**Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information about the professional services, I provided to you and/or the records of these services, such information is privileged under state law, and I will not release information without your written authorization. However, this does not apply when I am responding to an administrative or court order.

**National Security Investigations-** I may be required to disclose your health information to authorized federal officials who are conducting national security investigations services, and I cannot reveal when I disclosed such information to the government.

**Worker's Compensation-** I may provide your PHI to comply with worker's compensation laws.

## **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, 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 at alternative locations.

***Right to See and Copy*** – You have the right to obtain a copy (or both) of PHI in my mental health and billing records 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.

***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 Listing of Disclosures*** – You have the right to receive a listing of disclosures of PHI which were disclosed for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization to release your PHI.

***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.

**Notification of Breach-** You have the right to receive notifications of a data breach. We are required to notify you of a breach any unsecured PHI.

### **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, however, I am required to abide by the terms currently in effect.

You have the right to receive notifications of a data breach. We are required to notify you of a breach any unsecured PHI.

## **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Sylvia M. Doss, Ph.D. at (623) 465-7165.

If you believe that your privacy rights have been violated and wish to file a complaint with *me*, you may send a written complaint to Sylvia M. Doss, Ph.D. at 9401 W. Thunderbird Rd., STE. 186, Peoria, AZ. 85381

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201

I will not retaliate against you for exercising your right to file a complaint.

This notice will go into effect on 7/01/22.

## **Acknowledgement**

You acknowledge receiving a copy of this notice. A signature page is included in the intake packet.