

## **SOUTH CAROLINA NOTICE FORM**

### **Notice of Psychologists' 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**

Your treatment provider at Lake Psychological Services (LPS) 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 your treatment provider provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your treatment provider consults with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when LPS obtains reimbursement for your healthcare. Examples of payment are when LPS discloses 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 practice group such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our practice group, such as releasing, transferring, or providing access to information about you to other parties.

#### **II. Uses and Disclosures Requiring Authorization**

Your treatment provider/LPS may use or disclose PHI for purposes outside of treatment, payment, and 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 your treatment provider is asked for information for purposes outside of treatment, payment and health care operations, he/she will obtain an authorization from you before releasing this information. Your treatment provider will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your treatment provider have made about your conversation during a private, group, joint,

or family counseling session, which your treatment provider has 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) your treatment provider has 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**

Your treatment provider may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** When in your treatment provider's professional capacity, he/she has received information which gives him/her reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect, your treatment provider must report such to the county Department of Social Services, or to a law enforcement agency in the county where the child resides or is found. If your treatment provider has received information in his/her professional capacity which gives him/her reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child's welfare, but your treatment provider believes that the act or omission was committed by a person other than the parent, guardian, or other person responsible for the child's welfare, your treatment provider must make a report to the appropriate law enforcement agency.
- **Adult and Domestic Abuse:** If your treatment provider has reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited, he/she must report the incident within 24 hours or the next business day to the Adult Protective Services Program. Your treatment provider may also report directly to law enforcement personnel.
- **Health Oversight:** The South Carolina Board of Examiners in Psychology has the power, if necessary, to subpoena psychologists' records. We are then required to submit to them those records relevant to their inquiry.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made about the professional services your treatment provider provided you or the records thereof, such information is privileged under state law, and we will not release information without your written consent 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 your treatment provider the intention to commit a crime or harm yourself, he/she may disclose confidential information when he/she judges that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. In this situation, your treatment provider must limit disclosure of the otherwise confidential

information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.

- **Workers' Compensation:** If you file a workers' compensation claim, your treatment provider is required by law to provide all existing information compiled by him/her pertaining to the claim to your employer, the insurance carrier, their attorneys, the South Carolina Worker's Compensation Commission, or you.

There may be additional disclosures of PHI that we are required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

#### **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 protected health information about you. However, your treatment provider 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 seeing a psychologist. Upon 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 our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your treatment provider may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your treatment provider 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. Your treatment provider may deny your request. On your request, your treatment provider 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 regarding you. On your request, your treatment provider 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 this notice from LPS upon request, even if you have agreed to receive the notice electronically.

##### **Psychologist's Duties:**

- Your treatment providers 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 contact you by e-mail.

## **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision your treatment provider makes about access to your records, or have other concerns about your privacy rights, you may contact Sam Lake, business manager, at (803)699-8887.

If you believe that your privacy rights have been violated and wish to file a complaint with *our* office, you may call or send your written complaint to Sam Lake at [Sam.Lake@LakePsych.com](mailto:Sam.Lake@LakePsych.com).

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.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

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

This notice will go into effect on May 1, 2017