

Susan Lager, LICSW, BCD
500 Market Street, Suite 1-G
Portsmouth, NH 03801
Tel: (603) 431-7131

This notice details how your medical information may be used and/or disclosed, and how you may get access to this information. Please read it very carefully.

NOTICE OF PRIVACY PRACTICES

Privacy is an extremely important issue for all who come to this office. It is also complicated because of the many federal and state laws, as well as my own professional ethics. Because these rules have become so complicated, some parts of this Notice are quite detailed and you may have to read them several times before you have a clear understanding. If you have any questions, I will be happy to discuss these policies and your rights.

Contents of this Notice:

- A. Introduction to my clients
- B. What defines “medical information”
- C. Privacy and the laws about privacy
- D. How your protected health information may be used and shared
 - 1. Uses and disclosures *with your consent*
 - a. Basic uses and disclosures for treatment, payment and health care operations (TPO)
 - b. Other uses and disclosures in health care
 - 2. Uses and disclosures that *require* your authorization
 - 3. Uses and disclosures that *do not require* your authorization
 - 4. Uses and disclosures where you have *an opportunity* to object
 - 5. Accounting for disclosures we have made
- E. Your rights concerning your health information
- F. What to do if you have questions or problems

A. Introduction: To my clients

This Notice will give you specific details about how I handle your medical information. It describes how I use this information here in the office, how I may share it with other professionals and/or organizations, and how you can see the information. It is important to me that you know all of this so that you are able to make the most informed decisions for yourself and/or your family.

B. What defines "medical information"

Each time you visit this (or any other medical) office, hospital, clinic or are seen by a "healthcare provider", information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, laboratory tests, and/or treatment you receive from me or from others, or about payment for healthcare services. In terms of the law, the information that I collect from you is called PHI, which stands for **Protected Health Information**. This information goes into your medical chart, record or file in this office, and/or the offices of others by whom you may be treated.

In this office your PHI is likely to include these kinds of specifics:

- Your history. As a child, in school and at work, marriage and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms or needs:
- Diagnosis, which is the medical terminology for your problems or symptoms.
- A treatment plan, which is a list of treatments and other services which we think will help serve your best interest.
- Progress or Clinical notes. These are the notes that I make about each of your visits; how you are doing, my observations and what you tell me.
- Medication or pharmacological evaluation or status. This is the way I track the effects and/or progress of prescribed medications. (This may include medications you took or are taking.)
- Records we may receive from others who have treated or evaluated you.
- Laboratory test results, psychological test scores, school records and other such reports.
- Legal matters.
- Billing and/or insurance information.

(This list is fairly comprehensive, but there may be other kinds of information required to be kept in your healthcare records here in my office.)

I may use this information for a variety of purposes. For example:

- To plan your care and/or treatment.
- To evaluate how well my treatments are working for you.
- If I speak with other healthcare professionals who are also treating you, such as your primary care physician, or the professional who referred you to me.
- To document that you are actually receiving the services for which I am charging or billing you or your insurance company.
- For teaching and/or training other healthcare professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.

Understanding what is in your record and what it may be used for will enable you to make the best decisions about whom, when and why others might have this information. Although your healthcare record is the physical property of the healthcare provider or facility that collected it, the information belongs to you. You can read it, and if you want a copy, one may be made for you (a minimal fee will be charged to cover the cost of copying and/or mailing). If you find something in your records that you think is incorrect, or that something important is missing, you have the right to ask that the information be amended or changed. In some rare instances, I would not have to agree to do so. If you wish, I can explain this in greater detail.

C. Privacy and the laws about privacy

I am required to tell you about your privacy and related rights because of regulations created in a federal law known as the **Health Insurance Portability and Accountability Act of 1996 (HIP AA)**. This law requires that I keep your Personal Health Information (PHI) private, and that I notify you of my legal duties and privacy policies and practices with this **Notice of Privacy Practices (NPP)**. I will obey the rules of this notice as long as it is in effect, but if I change it, the rules of the new NPP will apply to all PHI that is in my possession. If I change the NPP, I will post the new notice in my office where it may be seen by anyone. You may request a copy of this notice.

D. How your protected health information (PHI) may be used or shared

When your information is read by me, or others in this office and used by us to make decisions about your care, that is called, in the law "**use**". If the information is shared with or sent to others outside this office, that is called, in the law "**disclosure**". Except in some special circumstances, when I use your PHI here in the office or disclose it to others, I share only the **minimum necessary** needed by those others to do their jobs. The law gives you the right to know about your PHI, how it is used, and to have a say in how it is disclosed (shared). The following information will explain in some detail what I might do with your information.

I use and disclose PHI for a variety of reasons, in a variety of ways. For some uses, I am required to tell you about them and have a written authorization to do so. In other uses, the law allows disclosure without your authorization. These are spelled out below.

1. Uses and disclosures of PHI in healthcare with your consent.

After you read this Notice, you will be asked to sign a separate **Consent Form** to allow me to use and share your PHI. In almost all cases, I intend to use your PHI here or share your PHI with other people or organizations to **provide treatment for you, arrange payment for your services, or some other business called healthcare operations**. Together, these routine purposes are referred to as **TPO**, and the Consent Form allows us to use and disclose your PHI for TPO. I know this is a bit confusing, but please read carefully as it is very important.

1 a. Basic uses and disclosures for Treatment, Payment or Healthcare Operations - TPO

I need information about you and your condition in order to provide treatment for you. You have to agree to let me collect the information, use and/or share it, to care for you properly. Therefore, you must sign the Consent form before I begin treatment, because if you do not, **I cannot treat you**.

In most cases, when you come to see me, I will be the only one who will collect information from you, and put it in your healthcare records here. In some circumstance, and only with your prior agreement, you may meet jointly with another professional, in order to address specific goals, problems or issues. This person(s) would be a professional associate, who is bound by contract with me to safeguard the privacy of any information which you agree to share with them. Generally, I may use or disclose your PHI for three purposes: treatment, obtaining payment or healthcare operations.

Treatment: I use your medical information to provide you with psychological treatments or services. These might include individual, couples, family, or group therapy, treatment planning, or measuring the benefits of our services.

I may disclose your PHI to others who provide treatment to you, such as your personal physician. If you are treated by a team, I can share some of your PHI with them. Other professionals treating you may verbally or in writing, give me information about their findings, the actions they took, and their treatment recommendations, so that we can all decide what works best for you and make up a Treatment Plan. In cases where you may require additional services I am unable to provide, I may refer you to other professionals or consultants. When I do this, I will need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into

your records here. If you receive treatment in the future from other professionals, I may also share your PHI with them.

Payment: I may use your information to bill you, your insurance or others so that I may be paid for the treatment services I provide to you. I may contact your insurance company to check on exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your condition(s). I will need to tell them when we meet, your progress and other similar things.

Healthcare Operations: I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies who may be studying disorders and treatments, and/or making plans for services that are needed. **If I do this, your name and personal information will be deleted from what I send.**

1 b. Other uses in Healthcare:

Appointment Reminders: I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your place of work, or some other place, I can usually arrange that. You will need to let me know which you prefer.

Treatment Alternatives: I may use or disclose your PHI to tell you about or recommend possible treatments or alternatives that may help you.

Other Benefits and Services: I may use or disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Research: I may use or share your PHI to do research in order to improve treatments. For example, comparing two treatments for the same disorder to see which works better, faster and/or costs less. In all cases, your name, address and other personal information will be removed from the information given to any researchers. If they need to know who you are, I will discuss the project with you and you will have the right to decide whether or not you wish to share the information, and will sign a written authorization if you chose to disclose.

Business Associates: There are some jobs I hire other business or people to do for me. In the law, they are called Business Associates. An example of this might be a billing service that I hire to process the billing portion of my business. Business Associates would need to receive some of your PHI to do their jobs properly. To protect your privacy, they are bound by a contract with me, to safeguard the privacy of your information.

2. Uses and disclosures that *require authorization.*

If I want to use your information for any purposes besides the TPO or those described above, I need your permission on an Authorization form. I do not expect to need this in most cases.

If you do authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time, I will not use or disclose your information for the purposes we have agreed to. Of course, I cannot take back any information that I may have already disclosed with your permission, or that I had used in my office.

3. Uses and disclosures of PHI from mental health records that *do not require consent or authorization.*

The law allows me to use and disclose some of your PHI without your express consent in some very specific instances, which are detailed as follows:

Mandated disclosures:

Some federal, state or local laws *require* me to disclose PHI if I:

- I become aware of, or suspect child abuse.
- If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have, to release some of your PHI. I will only do so after trying to inform you of the request, consulting your attorney, or trying to get a court order to protect the information that is requested.
- I have to disclose some information to government agencies which may check to see that I am obeying privacy laws.

Law Enforcement Purposes:

I may have to release medical information if asked to do so by a law enforcement official who is investigating a crime or criminal.

Public Health Activities:

I may have to release medical information to agencies which investigate diseases or injuries.

Relating to Decedents:

I may have to disclose PHI to coroners, medical examiners or funeral directors, and/or to organizations relating to organ, eye or tissue donations or transplants.

For Specific Government Functions:

I may have to disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may be required to disclose some of your PHI to Workers Compensation or Disability programs, to correctional facilities if you are an inmate, or for national security reasons.

To Prevent a Serious Threat to Health or Safety:

If I come to believe that there is a serious threat to your health or safety, or that of any other person, public or property, I must disclose some of your PHI. I will only do this to persons who can prevent the danger.

4. Uses and Disclosures where you have an opportunity to object:

I may share some information about you with your family or close others. I will only do so if those people are involved in your care, and with anyone you might choose, such as close friends or clergy. I will ask you about who you want me to tell what information about your condition or treatment. You can tell me what you want and I must honor your wishes as long as it is not against the law, and that I believe it is in your best interest.

If it is an emergency where I cannot ask if you disagree, I can share information if I believe that it is what you would have wanted, and I believe that it will help for me to do so. If I do share information in an emergency situation, I will tell you as soon as I can. If you don't approve, I will stop, as long as it is not against the law.

5. Accounting of Disclosures:

When I disclose your PHI, I may keep records of who I sent it to, when I sent it, and what I sent. You are entitled to receive an accounting (or list) of many of these disclosures.

E. Your Rights Concerning Your Health Care and Related Information:

In my office, there is posted a Mental Health Bill of Rights which specifically details all rights to which you are entitled by state and federal laws. If you would like a copy of this, you may ask for one.

F. What To Do if You Have Questions or Problems

If you need more information, or have questions about the privacy practices detailed above, please speak with me. If you have a problem with how your PHI has been handled, or have concerns about violation of your privacy, please contact me immediately. My number and address are listed at the beginning of this notice and below. You also have the right to file a complaint with me, and/or with the Secretary of the Federal Department of Health and Human Services. I promise that I will not in any way limit your care or take any actions against you if you complain.

I may be contacted by mail at 500 Market Street, Suite 1-G Portsmouth, NH 03801, or by telephone at (603) 431-7131.

The effective date of this notice is October 1, 2004.

Susan Lager LICSW, BCD

THE COUPLES CENTER P.L.L.C.
500 Market Street, Suite 1-G
Portsmouth, NH 03801
(603) 431-7131

CONSENT TO USE AND / OR DISCLOSE YOUR HEALTH INFORMATION

This form represents an agreement between you _____
(name)

and The Couples Center P.L.L.C. If applicable, when the word “you”
is used below, it will mean your child, relative, or other person, if their name is
written here _____

When I examine, diagnose, treat or refer you, I will be collecting what the law calls
Protected Health Information (PHI) about you. I need to use this information in my
office to decide what treatment is best and to provide appropriate healthcare. I may also
need to share this information with others who provide treatment for you, or need to
manage payment for your treatment or for other business functions.

By signing this form you are agreeing to let me use your information here, and / or to share
it with necessary others. The Notice of Privacy Practices explains all your rights in more
detail, as well as how I can use/share your information.

***If you do not sign this consent form agreeing with what is in the Notice of Privacy
Practices, I will be unable to treat (or continue treating) you.***

In the future it may be necessary for me to change how I use and share PHI, and so may
change my Notice of Privacy Practices. If I do change it, you will be notified, and will be
able to get a copy of the new notice by contacting me at the phone or address above.

If you have concerns about some of your information, you have the right to ask me not to
use or share some of the information for treatment, payment, or administrative purposes.
and will need to indicate your wishes in writing. Although I will always try to respect
your wishes, I am not required to agree to these limitations. However, if I do agree. I
promise to comply with your wishes.

After you have signed this consent, you have the right to revoke it at any time by written
notice to me, and I will comply with your wishes about using or sharing your PHI from
that time forward. Depending upon the limitations you request. I may have to stop treat-
ment at that time, and I may have already used or shared some of your information.

Date _____ Signature of client or representative _____
Relationship to client _____

Date NPP given to client or representative _____