

Notice of Privacy Practices

This notice describes how *Catherine G. Cauthorne, Ph.D.* may use and disclose your healthcare information and how you can obtain access to this information. Please review it carefully.

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. For clarification, here are some definitions:

“PHI” refers to information in your health record that could identify you.

“Treatment” is when I provide, coordinate, or manage your health care and other services related to your health care. An example 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 are when I disclose your PHI to your health insurer to obtain reimbursement or to determine eligibility or coverage.

“Health Care Operations” are activities that relate to the performance and operation of my practice. Examples are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“Disclosure” applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose your 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 I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information.

I will also need to obtain an authorization before releasing your psychotherapy notes. These notes are descriptions of our conversations during a private, group, joint, or family therapy or counseling session. These notes are given a higher degree of protection than PHI.

You may revoke all such authorizations (PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have 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.

I will also obtain an authorization from you before using or disclosing:

PHI in a way not described in this Notice, and/or

Psychotherapy notes.

III. Uses and Disclosures of Your Protected Health Information Not Requiring Your Consent nor Authorization

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

Child Abuse: If I have a reason to suspect that a child has been abused or neglected, I am required by law to report this to the Division of Child, Youth, and Family.

Adult and Domestic Abuse: If I suspect or have a good faith reason to believe that any incapacitated adult has been subject to abuse, neglect, self-neglect, or exploitation, or is living in hazardous conditions, I am required by law to report that information to the Commissioner of the Department of Health and Human Services.

Health Oversight: If the New Hampshire Board of Psychological Examiners is conducting an investigation, then I am required to disclose your Mental health records upon a receipt of a subpoena from the Board.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about professional

services I have provided to you and/or the records thereof, such information is privileged under state law, and I may not release information without your written authorization 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. I will be informed, in advance, if this is the case.

Serious Threat to Health or Safety: If you have communicated to me a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, including yourself, or if you have made a serious threat of substantial damage to real property, I am required by law to take reasonable precautions to provide protection from such threats by warning the victim or victims of your threat and to notify the police department closest to your residence or the potential victim's residence, or obtain your civil commitment to the state mental health system.

The use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

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 information about you. However, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and 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 me. Upon request, I 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 my mental health and billing records used to make

decisions about you for as long as the PHI is maintained in the record. On your request, I will discuss with you the details of the request 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. I may deny your request. On your request, I 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I 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 notice me upon request, even if you have agreed to receive the notice electronically.

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket. You have the right to restrict certain disclosures of PHI to a health ‘ Plan when you pay out-of-pocket in full for my services.

Right to Be Notified if There is a Breach of Your Unsecured PHI. You have A right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

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.

If I revise my policies and procedures, I will notify you by providing you with an updated version of the document.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about a access to your records, or have other concerns about your privacy rights, I ask that you contact me so that you and I may discuss and resolve your concerns.

If you believe that your privacy rights have been violated and wish to file a Complaint with this office, you may contact me in person, by telephone, or in writing to initiate constructive dialogue to address your concerns.

If you are not satisfied that your concerns are being adequately addressed, you may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule of the Health Insurance Portability and Privacy Act. I will not retaliate against you for exercising your right to file a complaint.

VI. Restrictions and Changes to Privacy Policy

I reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail upon your request or if any requests are received for your record materials which this notice would affect.

Client's Signature

Date