

Counseling and Psychological Services of the Upstate
402 Pendleton Rd. #4
Clemson, SC 29631
864-633-0210
06/13/2017

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

CAPSU (Counseling and Psychological Services of the Upstate and its relevant employess) 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 my 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 my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*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

CAPSU 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 we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your therapist has made about our conversation during a private, group, joint, or family counseling session, which are 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) we 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 that is not described in this Notice.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** When in their professional capacity, your provider has received information which gives he/she reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect, we 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 we have received information in our professional capacity which gives your provider 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 we believe that the act or omission was committed by a person other than the parent, guardian, or other person responsible for the child's welfare, we must make a report to the appropriate law enforcement agency.
- **Adult and Domestic Abuse:** If we have reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited, we must report the incident within 24 hours or the next business day to the Adult Protective Services Program. We 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 CAPSU 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 we 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 and the bounds of confidentiality will be discussed before beginning treatment.
- **Serious Threat to Health or Safety:** If you communicate to your therapist the intention to commit a crime or harm yourself, he/she may disclose confidential information when they judge 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, we 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 therapist is required by law to provide all existing information compiled by he/she pertaining to the claim to your employer, the insurance carrier, their attorneys, the South Carolina Worker's Compensation Commission, or you.

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

Rare instance of disclosures without consent or authorization include:

When 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 health information about you. However, CAPSU 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 therapist. Upon your request, your provider 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 CAPSU’s mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. CAPSU may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your therapist 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. CAPSU may deny your request. On your request, your 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 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 the notice from your provider 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:

- CAPSU 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.
- CAPSU 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 CAPSU revises our policies and procedures, we will provide individuals with a revised copy when they are in the office or by mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision your provider makes about access to your records, or have other concerns about your privacy rights, you may contact Christopher E. Ruth (designated privacy officer for Counseling and Psychological Services of the Upstate).

If you believe that your privacy rights have been violated and wish to file a complaint with *me/my* office, you may send your written complaint to Christopher E. Ruth at the address at the top of this form.

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. CAPSU and your provider will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

Addendum from HIPAA Final Rule:

- 1) Patients must sign an authorization before CAPSU can release their PHI for any uses and disclosures not described in this Privacy Notice.
- 2) Psychologists must provide patients with access to their PHI in the form and format requested by the patient, if it is easy to produce in that format. Otherwise, PHI should be produced in a format that is agreed upon by the patient and the psychologist. CAPSU is allowed to charge a fee for providing access in electronic format; however, it cannot be greater than the labor costs in responding to the request for the copy.
- 3) The Final Rule specifies that ‘minimum necessary’ disclosure will now be determined from the perspective of the party disclosing the information; the disclosing party now has sole responsibility for ensuring that the minimum PHI is released.

CAPSU will limit the uses or disclosures that we will make as follows: disclosure from individual counseling sessions with children/adolescents to parents/guardians with the limits of confidentiality being discussed, understood and agreed upon by the parents or guardians before beginning treatment with the family.

This restriction, however, will may not include a limitation affecting the psychologist's right to make a use or disclosure that is required by law or, when in good faith, to use or disclose to avert a serious threat to health or safety of a person or the public and such use or disclosure is made to a person or persons reasonably able to prevent or lessen the threat (including the target of the threat).

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that CAPSU maintains. If this is the case, CAPSU will provide you with a revised notice, either while you are in the office, or by mail.

This notice will go into effect on 7/15/17 and be updated as needed.