

Notice of Privacy Practices

Effective Date: August 1, 2022

This notice of privacy practices describes how psychological and medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

I. Uses and Disclosures Requiring Authorization

I am committed to maintaining your confidentiality and will only release your healthcare information in accordance with federal and state laws and ethics of the psychology profession. Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws permit disclosure of healthcare information for these purposes with your authorization. An “authorization” is written permission that permits the release of only the specific disclosures included in the authorization. You may revoke all such authorizations at any time, provided each revocation is in writing, signed, and dated by you. You may not revoke an authorization to the extent that I previously acted in reliance on such authorization.

- A. *Treatment.* I may use or disclose health information about you to provide, manage or coordinate your care or related services, which could include consultants and potential referral sources.
- B. *Payment.* I may use or disclose health information about you to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes.
- C. *Healthcare Operations.* I may use or disclose health information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

II. Uses and Disclosures Not Requiring Authorization

I may use or disclose your healthcare information without your authorization in the following circumstances:

- A. *Serious Threat to Self:* If you express a serious threat or intent to kill or seriously injure yourself, and I determine that you are likely to carry out the threat, I must take reasonable measures to prevent harm. Reasonable measures may include notifying the individual(s) or authorities who are in a position to help prevent harm.
- B. *Serious Threat to Others:* If you express a serious threat or intent to kill or seriously injure an identified (or readily identifiable person) or group of people, and I determine that you are likely to carry out the threat, I must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.
- C. *Child Abuse Reporting:* (effective 1/1/2015) – I am required by Pennsylvania law (Act 31, 2014) to report the following types of child abuse (depending on the nature and date of abuse) to Child Protective Services if I have reasonable cause to suspect that a child (a person who is currently less than 18 years of age) has been the victim of child abuse:

- a. If you are less than 18 years of age and disclose that you are the victim of child abuse.
 - b. If you disclose that an identifiable child has been the victim of child abuse. A report may be required even if I do not meet with the child.
 - c. If you disclose that you abused a child when you were 14 years of age or older. A report may be required even if the victim is no longer at risk.
- D. *Adult and Domestic Abuse*: If I have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), I may report such to the local agency which provides adult protective services.
- E. *Judicial or Administrative Proceedings*: If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release the 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.

There may be additional disclosures of healthcare information that I am required or permitted by law to make without your consent or authorization; however, the disclosures listed above are the most common.

III. Mental Health Providers' Duties and Rights:

I am required by law to maintain the privacy of your healthcare information and to provide you with a notice of my legal duties and privacy practices with respect to healthcare information.

I reserve the right to change the terms of this notice and to make new notice provisions for healthcare information that I maintain. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. This notice will be updated if I revise my policies and I will provide you with a revised copy at our next contact.

IV. Questions and Complaints

Contact the State Board of Psychology of the Bureau of Professional and Occupational Affairs at P.O. Box 2649, Harrisburg, PA, 17105-2649, by phone (717) 783-7155, or fax (717) 787-7769, if you have questions about this notice, disagree with a decision about access to your records, or have other concerns about your privacy rights, or if you believe that your privacy rights have been violated and wish to file a complaint. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I will not retaliate against you for exercising your right to file a complaint.