

HIPAA Privacy Policy

Wes Scala PhD, Inc

474 Windmere Drive, Suite 301, State College, PA 16801

814-248-9248

www.heartwoodip.com

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on August 1, 2021

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

“Protected health information“ (PHI) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

Summary of Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with laws that may be in place now or in the future

Summary of Your Rights Regarding Your PHI

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

I. Use and Disclosure of Your Protected Health Information for Treatment, Payment, and Health Care Operations:

We may use or disclose information in your records for treatment, payment, and health care operations purposes with your consent.

Personal health information (PHI) refers to information in a client's health record that could identify that client.

Use of this information refers only to activities within this office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Disclosure of information refers to activities outside of this office such as releasing, transferring, or providing access to information about you to other parties. Throughout this notice, the term "you" may refer to the individual who is the client or the individual's parent, legal guardian or adult who has been legally determined to be responsible for the client.

In providing for your treatment, we may use or disclose information in your record to help you obtain health care services from another provider, or to assist us in providing for your care. For example, we might consult with another health care provider, such as your physician or another psychologist. In order to obtain payment for services, we may use or disclose information from your record, with your consent. For example, we may submit the appropriate diagnosis to your health insurer to help you obtain reimbursement for your care.

We also may use or disclose information from your record to allow health care operations (e.g., quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination).

II. Use and Disclosure Requiring Authorization:

Except as described in this Notice, we may not make any use or disclosure of information from your record for purposes outside of treatment, payment, and health care operations unless you give your written authorization.

You may revoke an authorization in writing at any time, but this will not affect any use or disclosure already completed before the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

It is important for you to understand that we cannot control the disclosure of information from your records once your written authorization has been obtained and records have been sent to an outside party. For example, any individual that has obtained your records via your written consent and request (e.g., attorney, other provider) may of their own accord and beyond our control transmit your records to other parties. Please carefully consider the nature of your written consent to disclose any personal documents that originate in our office.

III. Use and Disclosure Without Consent or Authorization:

There are certain circumstances, listed below, in which we are allowed (or, in some cases, required) to use or disclose information from your record without your permission:

- *Child Abuse:* If there is reasonable cause to suspect that a child is or has been abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, or person over the age of fourteen living in the home of the child, the law requires us to report this to the Department of Public Welfare, and/or

appropriate governmental agency. The Pennsylvania State Board of Psychology specifically requires that: "psychologists who, in the course of their employment, occupation or practice of their profession, come into contact with children shall report or cause a report to be made to the Department of Public Welfare when they have reasonable cause to suspect on the basis of their professional or other training or experience, that a child coming before them in their professional or official capacity is a victim of child abuse."

- *Adult and Domestic Abuse*: If there is reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, we reserve the right to report this to responsible agencies or providers involved with the vulnerable adult (e.g., physician, residential or nursing facility, Office of Aging). Your signature of this form indicates your consent with our right to report elder abuse.
- *Driving Risk*: Pennsylvania law specifically requires that healthcare providers report concern about an individual's ability to operate a motor vehicle safely to the medical department of the Pennsylvania Department of Transportation.
- *Judicial or Administrative Proceedings*: Personal Health Information is privileged by state law. If you are involved in a court proceeding and a request is made for your records, we will not release information without the written authorization of you or your legal representative, including a subpoena. The privilege does not apply if you are being evaluated for a third party, or if the evaluation is court-ordered, or in certain other limited instances. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety*: If a client presents a clear and immediate probability of physical harm to him or herself, to other individuals, or to society, we may communicate relevant information concerning this to the potential victim, appropriate family member, or appropriate authorities.
- *Workers' Compensation and Disability Claims*: If you file a workers' compensation claim or are in the process filing a disability claim, we may disclose information from your record as authorized by applicable laws.

Client's Rights:

- *Right to Request Restrictions*: You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am 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 to have confidential communications of PHI delivered by alternative means and/or at alternative locations. (For example, you may not want a family member to know that you are being seen at this office. Upon your request, we may be able to arrange to 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, given your written request. This may be subject to certain limitations and fees. Upon request, the details of the request process will be discussed with you. Please understand that older records may be destroyed, and therefore no longer available, in accordance with applicable law or standards.
- *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 request must be in writing, and we reserve the right to deny your request.
- *Right to an Accounting*: You have the right to request an accounting of certain disclosures that have been made. Upon request, the details of the accounting process will be discussed with you.
- *Right to a Paper Copy*: You have the right to obtain a paper copy of the notice from this office upon request, even if you have agreed to receive the notice electronically.

- *Right to restrict disclosures associated with marketing:* Disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require client authorization.
- *Right to restrict disclosures associated with out of pocket payment:* Clients have the right to restrict certain disclosures of PHI to health plans or insurance companies if the client pays out of pocket in full for services.
- *Right of notification:* Clients have the right to be notified following a breach of unsecured protected health information.

Psychologist's/Clinician's Duties:

- We 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 make significant revisions to policies and procedures which might affect the privacy of your personal health information, we will provide you with a copy of those revisions. If you are still in treatment at this office, you will be provided with a copy of the revisions in the manner permitted by law, generally by hand delivery at your next appointment. As needed, former clients may be mailed a copy of significant revisions to the most recent mailing address on file at our office. Updated notices of our privacy policies will always be available for review upon request at this office.

IV. Questions and Complaints:

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact this office in writing or by phone (address and phone number above). We recommend that such inquiries be done in writing. If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to our office (address above). You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, or the appropriate administrative office. We 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, in accordance with the provisions of applicable law.

V. Restrictions and Changes to Privacy Policy

Restriction: In the case of a minor child, age thirteen and under, the child's legal guardian has the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about the child for as long as the PHI is maintained in the record. However, psychotherapy notes including statements made by a child during therapy sessions will not be released, in order to protect the child's right to confidentiality, unless required by law or deemed to be in the best interests of the child.

Restriction: Individuals with legal authorization (Power of Attorney) have the right to inspect or obtain a copy (or both) of PHI in the mental health or billing records used to make decisions about the individual, purpose of evaluation, or purpose of treatment. However, psychotherapy notes and/or written reports will not be released without written documentation of power of attorney that specifies responsibility for health-related issues.

Restriction: This office expressly recommends against the client's use of electronic means of communication. This includes but is not limited to email and social media (e.g., Facebook). We

will not initiate electronic communications unless absolutely necessary or no other means exist, and only with your written consent unless this is not possible.

Existing or former clients who decide to initiate electronic communication do so knowing that these communications cannot be protected, and will be discussed with the clinician as an aspect of treatment or evaluation.

If other providers or individuals contact this office about you by means of electronic communication (email, texting, etc.) we will not respond with acknowledgement of your status as a client or share PHI without your express written consent. If you anticipate wanting us to share information, please complete a written release of information for authorization today.

Changes to the Terms of this Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.