



HIPPA PRIVACY PRACTICES

BACKGROUND:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was enacted by congress to help protect health coverage for workers and their families. It also addresses electronic transaction standards and the need to ensure the security and privacy of health data. I am required by law to maintain the privacy of protected health information, and must inform you of my privacy practices and legal duties. The security and privacy of your protected health information is the subject of this Privacy Notice.

This notice describes how Psychological and medical information about you (or your child, if your child is the client) may be used and disclosed, and how you can get access to this information.

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

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was enacted I 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 my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Disclosure of information refers to activities outside of my 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, I may use or disclose information in your record to help you obtain health care services from another provider, or to assist me in providing for your care. For example, I might consult with another health care provider, such as your child's pediatrician or another psychologist.

In order to obtain payment for services, I may use or disclose information from your record, with your consent. For example, I may submit the appropriate diagnosis to your health insurer to help you obtain reimbursement for your care.

I 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, I 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. In particular, I will need to secure an authorization before releasing psychotherapy notes which I have kept separate from the rest of your treatment records. These are notes I have made about our conversations during treatment and evaluation sessions.

You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by me 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.

III. Use and Disclosure Without Consent or Authorization

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

Child Abuse: If I know, or have 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, the law requires that I report such knowledge or suspicion to the Michigan Family Independence Agency or appropriate governmental agency. If I know, or have reasonable cause to suspect, that a child has been abused by a non-caretaker, the law also requires that I report to the Michigan Family Independence Agency, which may be required to submit the report to other governmental agencies.

Adult and Domestic Abuse: If I know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, I am required by law to report such knowledge or suspicion to the Central Abuse Hotline or other appropriate governmental agency.

Health Oversight: If a complaint is filed against me with the Michigan Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information relevant to that complaint.

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, I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. 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, I may communicate relevant information concerning this to the potential victim, appropriate family member, or appropriate authorities.



Workers' Compensation:

If you file a workers' compensation claim, I may disclose information from your record as authorized by workers' compensation laws.

IV. Client's Rights and Psychologist's Duties

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 seeing me. Upon your request, I 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 my 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, I will discuss with you the details of the request process. 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 I may deny your request.
Right to an Accounting: You have the right to request an accounting of certain disclosures made by me. Upon 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 from me upon request, even if you have agreed to receive the notice electronically.

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 make significant revisions to my policies and procedures which might affect the privacy of your personal health information, I will provide you with a copy of those revisions. If you are still in treatment with me, 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 my office. Updated notices of my privacy policies will always be available for review upon request at my office.



V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at my office (primary office address: (248) 964-5064); I recommend that such inquiries be done in writing.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at my 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. I can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint, in accordance with the provisions of applicable law.

VI. Effective Date, Restrictions and Changes to Privacy Policy

Restriction: In the case of a minor child, the child's legal guardian has the right to inspect or obtain a copy (or both) of PHI in my 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 by me to be in the best interests of the child.

Restriction: In most cases, I am also prohibited by law from disclosing raw psychological test data and test materials to anyone other than a licensed psychologist qualified to interpret such data.



Lauren Rattke-Rounds, Ph.D. PLLC

Licensed Psychologist

248-962-5064

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RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name:

Given to Patient on:

Signature of Patient or Parent/Guardian:

Date

Relationship of Personal Representative to the Patient:
