

Health Information Portability and Accountability Act (HIPAA) Notice Form

Notice of Behavioral Science Center, LLC **Policies and Practices to Protect the Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL 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

By signing this form, you are agreeing we have your consent to use or disclose your *protected health information* (PHI), for *treatment, payment, and health care operations* purposes.

To help clarify these terms, here are some definitions:

- “PHI” refers to protected health information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
 - *Treatment* is when a clinician provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your provider consults with another health care provider, such as your family physician or another psychologist. Another example of treatment would be when a provider consults with a family member you have authorized to be included in your treatment with Behavioral Science Center, LLC (see Release of Information Form).
 - *Health Care Operations* are activities that relate to the performance and operation of Behavioral Science Center, LLC. 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 Behavioral Science Center, LLC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you by both faculty and providers actively serving within the Behavioral Science Center, LLC program.
- “Disclosure” applies only to activities involving the release, transfer, or provision of access to information about you by Behavioral Science Center, LLC to other parties.

II. Other Uses and Disclosure Requiring Further Authorization

Behavioral Science Center, LLC may use or disclose PHI for purposes outside of treatment, payment, or health care operations only 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 Behavioral Science Center, LLC is asked for information for purposed outside of treatment, payment, or health care operations, Behavioral Science Center, LLC will obtain an authorization from you before releasing this information. Behavioral Science Center, LLC will also need to obtain an authorization before releasing your Clinical Record.

You may revoke all such authorizations (of PHI or Clinical Record) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Behavioral Science Center, LLC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Additional Uses and Disclosures with Neither Consent nor Authorization

Behavioral Science Center, LLC may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If a provider is treating a child and the provider knows or suspects the child to be a victim of child abuse or neglect, the provider and/or his or her supervisor are required to report the abuse or neglect to a duly constituted authority.
- *Adult and Domestic Abuse* – If a provider has reasonable cause to believe an adult, who is unable to take care of himself or herself, has been subjected to physical abuse, neglect, exploitation, sexual abuse, or emotional abuse, that provider and/or his or her supervisor must report this belief to the appropriate authorities.
- *Health Oversight Activities* – If the Alabama or Georgia Board of Examiners in Psychology is conducting an investigation into a psychologist's practice, Behavioral Science Center, LLC is required to disclose PHI upon receipt of a subpoena from the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and Behavioral Science Center, LLC will not release information without the written authorization of you or your legally appointed representative or a court order.
- *Serious Threat to Health or Safety* – Behavioral Science Center, LLC may disclose PHI to the appropriate individuals if your provider believes in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of another identifiable person or persons.
- *Workers Compensation* – Behavioral Science Center, LLC may disclose PHI as authorized by and to the extent necessary to comply with law relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

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 PHI. However, Behavioral Science Center, LLC is not required to agree to a restriction you request. You will always have the right to request that family members you have previously authorized to be involved in your treatment no longer made in writing. You may not revoke an authorization to the extent that Behavioral Science Center, LLC has relied on that authorization.
- *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 you are being seen by Behavioral Science Center, LLC. If you are being billed for services directly, on your request, Dr. Babcock 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 mental health and billing records used to make decision about you for as long as the PHI is maintained in the record. Behavioral Science Center, LLC may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your provider 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. Behavioral Science Center, LLC 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. On your request, your provider or your provider’s supervisor 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 this notice from Behavioral Science Center, LLC upon request, even if you have agreed to receive the notice electronically.

Provider’s Duties:

- Behavioral Science Center, LLC is required by law to maintain the privacy of protected health information regarding you and to provide you with notice of my legal duties and privacy practices with respect to PHI.
- Behavioral Science Center, LLC reserves the right to change the privacy policies and practices described in this notice. Unless Behavioral Science Center, LLC notifies you of such changes, however, Behavioral Science Center, LLC is required to abide by the terms currently in effect.
- If Behavioral Science Center, LLC revises any policies and procedures described in this notice, Behavioral Science Center, LLC will provide you with a paper copy of the revised policies and procedures and will explain the changes during a scheduled appointment.

V. Complaints

If you are concerned that Behavioral Science Center, LLC has violated your privacy rights, or you disagree with a decision about access to your records, you may contact Dr. Babcock at (314) 703-0908.

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.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

Behavioral Science Center, LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Behavioral Science Center, LLC maintains. Behavioral Science Center, LLC will provide you with a revised notice at least one month before the changes go into effect.

BSC

BEHAVIORAL SCIENCE CENTER
3623 CALVIN DRIVE
COLUMBUS, GA 31904

I have read and understand Behavioral Science Center, LLC's HIPAA compliance policy.

Client's Name

Client's Signature

Date

Responsible Party's Signature

Date