



WATERSTONE
Counseling Centers

Addiction Medicine and Psychotherapy

OUR POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH

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.¹

1. Uses for Treatment, Payment, and Health Care Operations

We may use your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. Here are some definitions:

- *PHI* refers to information that could identify you.
- *Treatment* refers to health care services. An example would be when I consult with another provider, such as your family doctor 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 our practice. Examples include quality assessment, improvement, audits, administrative services, case management and care coordination.
- *Use* applies only to activities within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *Disclosure* applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

¹ For the sake of clarity, the phrase “use and disclose” has been shortened to “use”



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2. Uses Requiring Your Approval and Signature

We may use PHI for purposes outside of treatment, payment, and health care operations when you approve. An “authorization” is written permission above and beyond the general consent that permits specific disclosures.

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 information. We will also need to obtain an authorization before releasing your psychotherapy notes.

“Psychotherapy notes” are notes we have made about our conversation during a counseling session, which we have 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 (PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I 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.

3. Uses with Neither Consent nor Authorization

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

- **Child Abuse:** If I know, or have reasonable cause to suspect, that a child is 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 Connecticut Department of Child and Family Services.
- **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, We are required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.
- **Health Oversight:** If a complaint is filed against us with the Connecticut Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Legal Proceedings:** If you are involved in a legal proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and We 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 us that you are opposing the subpoena 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.



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- **Serious Threat to Health or Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, We may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.
- **Worker's Compensation:** If you file a worker's compensation claim, we must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.

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

4. Your Rights and My Duties

Your Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses of PHI about you. However, We are 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 us. Upon your request, We 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 my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, We will discuss with you the details of the request 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. We may deny your request. On your request, We 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, We 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 us upon request, even if you have agreed to receive the notice electronically.

My Duties:

- We are 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.
- We reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, We are required to abide by the terms currently in effect.
- If we revise our policies and procedures, We will notify you in person or by phone.



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5. Questions and Complaints

1. If you have questions about this notice, disagree with a decision we make about access to your records, or
2. have other concerns about your privacy rights, you may contact our practice manager at 203-245-0412 ext. 3.
3. If you believe that your privacy rights have been violated and wish to file a complaint with our agency you may send your written complaint to Fax # 203-245-0572..
4. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request.
5. You have specific rights under the HIPAA Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

6. Effective Date, Restrictions and Changes to Privacy Policy

We will limit the uses or disclosures that We will make as follows: _____

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by phone or in person.