

Massachusetts Notice of Privacy Practices Form

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Dr. Marussia Role is dedicated to maintaining the privacy of all information that you disclose. However, there are some times when the law requires the release of certain information. These regulations are complex and this Notice is a shorter version of the full legal text. This Notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. You may wish to discuss any questions with your clinician and legal counsel.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Dr. Marussia Role (“Dr. Role”) may *use* or *disclose* your *protected health information (PHI)* for *treatment, payment, and health care operations* purposes with your *consent*. By signing the attached “Acknowledgement of Receipt of Notice”, you are consenting to this use and/or disclosure. To help clarify these terms, here are some definitions:

“*PHI*” refers to information in your health record that could identify you.

“*Treatment, Payment and Health Care Operations*”

Treatment is when Dr. Role provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Dr. Role consults with another health care provider, such as your family physician or another psychologist.

Payment is when Dr. Role obtains 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 Dr. Role. 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 the practice suite, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of the practice suite, such as releasing, transferring, or providing access to information about you to other parties.

“*Authorization*” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

Dr. Role may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*,” as noted above, is written permission above and beyond the general consent that permits specific disclosures. In those instances when Dr. Role is asked to provide information for purposes outside of treatment, payment, and health care operations, she will obtain an authorization from you before releasing this information. She will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes that Dr. Role has made about your conversations during a private, group, joint, or family counseling session, which are 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 (of PHI or psychotherapy notes) at any time, provided that each revocation is in writing. You may not revoke an authorization to the extent that (1) Dr. Role has relied on that authorization; or (2) the authorization was obtained as a condition of obtaining insurance coverage, and if the law provides the insurer the right to contest the claim under the policy.

Dr. Role will also obtain an authorization form from you before using or disclosing PHI in a way that is not described in this Notice.

III. Uses and Disclosures with Neither Consent nor Authorization

Dr. Role may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If Dr. Role, in her professional capacity, has reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her and causes harm or substantial risk of harm to the child’s health or welfare (including sexual abuse), or from neglect (including malnutrition), they must immediately report such knowledge or suspicions to the Massachusetts Department of Social Services or other appropriate authority.

Adult and Domestic Abuse: If Dr. Role has reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, they must immediately make a report to the Massachusetts Department of Elder Affairs. Dr. Role must also make a report to the Disabled Persons Protection Commission and/or other appropriate agencies if

they have reasonable cause to believe that a mentally or physically disabled person is suffering from or has died as a result of a reportable condition, which includes non-consensual sexual activity. Dr. Role need not report abuse if you are a disabled person and you invoke the psychotherapist-patient privilege to maintain confidential communications.

Health Oversight: The Board of Registration of Psychologists has the power, when necessary, to subpoena relevant records should Dr. Role be the focus of an inquiry or investigation.

Judicial or 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 Dr. Role will not release information without written authorization from you or your legally-appointed representative, 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.

Serious Threat to Health or Safety: If you communicate to Dr. Role an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, Dr. Role must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. Dr. Role must also do so if she knows you have a history of physical violence and believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and Dr. Role has a reasonable basis to believe that you can be committed to a hospital, she must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

Worker's Compensation: If you file a worker's compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer, and the Division of Worker's Compensation.

Appointment Reminders: Dr. Role may use PHI to remind you of an appointment.

Business Associates: Dr. Role may use/disclose PHI to contractors, agents and other business associates who need the information to assist Dr. Role with obtaining payment or carrying out its business operations. If Dr. Role discloses your PHI to a business associate, Dr. Role will have a written contract with that business associate to ensure that it also agrees to protect your PHI.

When the use and disclosure without your consent and authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the State's confidentiality law. This

includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as Health and Human Services or a state Department of Health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

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

IV. Breach Notification Provisions

When Dr. Role becomes aware of or suspect a breach of PHI, she will conduct a risk assessment. She will keep a written record of that risk assessment. Unless Dr. Role determines that there is a low probability that PHI has been compromised, you will be given notice of the breach. The risk assessment can be done by a business associate if involved in the breach. While the business associate will conduct a risk assessment of a breach in its control, Dr. Marussia Role will provide any required notice to patients and Health and Human Services. After any breach, particularly one that requires notification, Dr. Marussia Role will reassess privacy and security practices to determine what changes should be made to prevent the reoccurrence of such breaches. These procedures are described in detail in *The HIPAA Final Rule: What You Need To Do Now. Guidance and Privacy Notice Updates for Psychologists (APAPO, July 2013)*.

V. 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 protected health information about you. However, Dr. Role is not required to agree to a restriction that 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 in therapy. Upon your request, we will send your bills to another address.)

Right to Inspect and Copy – You have a right to access PHI. Dr. Role may deny your access to PHI under certain circumstances. However, in some cases you may have this decision reviewed. On your request, Dr. Role 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. Dr. Role may deny your request. On your request, Dr. Role 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, Dr. Role 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 upon request, even if you have agreed to receive the Notice electronically.

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket – You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for services with Dr. Role.

Right to Be Notified if There is a Breach of Your Unsecured PHI – You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist's Duties:

Dr. Role is 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.

Dr. Role reserves the right to change the privacy policies and practices described in this Notice. Unless you are notified of such changes, Dr. Marussia Role is required to abide by the terms currently in effect.

If Dr. Role revises her policies and procedures, you will be notified in writing.

V. Questions and Complaints

If you are concerned that your privacy rights have been violated, or if you disagree with a decision made about access to your records, please contact Dr. Role at (617) 418-1286. You may also contact the Massachusetts Psychological Association or send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. Dr. Role will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This Notice goes into effect on November 1, 2020. Dr. Role reserves the right to change the terms of this Notice and to make the new notice provisions effective for all PHI that she maintains. Dr. Role will provide you with a revised written Notice at your next scheduled appointment following any changes that are made to this Notice.

My e-signature below indicates that I have received, read, and understand the Notice of Privacy Practices (the Notice). You will have an opportunity to discuss any questions you may have related to this Notice and your privacy rights during your first session with Dr. Marussia Role.