

PENNSYLVANIA NOTICE FORM

Notice of Nulton Diagnostic and Treatment Center, P.C.'s Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL/PSYCHIATRIC/THERAPEUTIC AND MEDICAL 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

We may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. 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”
 - o Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist/psychiatrist/therapist.
 - o 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.
 - o Health Care Operations are activities that relate to the performance and operation of the practice. 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.
 - “Uses” applies only to activities within the office, clinic, practice group, etc. such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
 - “Disclosure” applies to activities outside of the office, clinic, practice group, etc., such as releasing, transferring, or providing access to information about you to other parties.
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II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations 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 we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this 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 private, group, joint, or family 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 (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we 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.

III. Special Privacy Protections for Substance Use Disorder Information (42 CFR Part 2)

Certain behavioral health records related to substance use disorder diagnosis, treatment, or referral for treatment are protected by a federal law known as 42 CFR Part 2. This law provides privacy protections that are more stringent than those provided under HIPAA.

Under 42 CFR Part 2, we generally may not use or disclose substance use disorder information without your written consent, even for treatment, payment, or health care operations, unless otherwise permitted or required by law.

If substance use disorder information is disclosed to another person or organization, federal law prohibits the recipient from re-disclosing this information unless you expressly authorize the re-disclosure or the law otherwise permits it.

Substance use disorder records generally may not be used to investigate or prosecute a patient for a crime without a specific court order issued under 42 CFR Part 2.

You have the right to access your records, request restrictions on certain uses or disclosures, and revoke your consent at any time in writing, except to the extent that action has already been taken in reliance on your consent.

If you believe your rights under 42 CFR Part 2 have been violated, you may file a complaint with Nulton Diagnostic and Treatment Center, P.C. or with the Substance Abuse and Mental Health Services Administration (SAMHSA). Filing a complaint will not affect your care.

IV. Uses and Disclosures with Neither Consent nor Authorization

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

o Child Abuse: If we have reasonable cause, on the basis of our professional judgment, to suspect abuse of children with whom we come into contact in our professional capacity, we are required by law to report this to the Pennsylvania Department of Public Welfare.

o Adult and Domestic Abuse: If we have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we may report such to the local agency which provides protective services.

o Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made about the professional services we provided you or the records thereof, such information is privileged under state law, and we will not release the information without your written consent, 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.

o Serious Threat to Health or Safety: If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat, we must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.

o Worker's Compensation: If you file a worker's compensation claim, we will be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

V. Patient's Rights and Psychologist/Psychiatrist/Therapist's Duties

Patient's Rights:

- o Right to Request Restrictions
- o Right to Receive Confidential Communications by Alternative Means and at Alternative Locations
- o Right to Inspect and Copy
- o Right to Amend
- o Right to an Accounting
- o Right to a Paper Copy

Psychologist/Psychiatrist/Therapist's Duties:

- o Maintain the privacy of PHI
- o Provide notice of legal duties and privacy practices

- o Right to change policies and practices
 - o Obligation to provide revised notice
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VI. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our Chief Compliance Officer at 814-961-2371.

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.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 1, 2003.

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 mail.

AMENDMENTS TO NULTON DIAGNOSTIC AND TREATMENT CENTER'S HIPAA POLICY

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I. Patients can now ask for copies of their electronic medical information in electronic format. Also, with both paper and electronic record requests, the office has only 30 days to produce the information. If PHI is maintained electronically in a designated record set, then it must be provided to the individual in the electronic form they request if that form is "readily producible." If PHI is not readily producible in the requested form, then Nulton Diagnostic and Treatment Center must agree with the individual on an alternate form and format in which to provide the copy of PHI.

II. Nulton Diagnostic and Treatment Center will consider the manner in which they would prefer to provide access to PHI on request from individuals. Although individuals are entitled to request PHI in any form they choose (within reason), for practical purposes

Nulton Diagnostic and Treatment Center will be prepared to make alternate suggestions of providing a readily readable document or documents.

III. Nulton Diagnostic and Treatment Center will provide copies of PHI to other parties if designated by the individual. The individual's request must be written and signed, and must clearly identify the designated recipient and where to send the copy of PHI, as well as meeting the standards set by PA Code regarding Consent to Release of Information documentation.

IV. Nulton Diagnostic and Treatment Center acknowledges that it is entitled to charge a “reasonable, cost-based fee” for preparing the copy, provided the fee covers only labor associated with copying materials (whether the PHI was provided in paper or electronic form) and postage if the individual requested the copy be mailed.

V. Nulton Diagnostic and Treatment Center acknowledges that it is permitted to send individuals unencrypted emails including ePHI if the individual requests it, provided Nulton Diagnostic and Treatment Center has advised the individual of the risk and the individual still prefers to receive the message by unencrypted email. Nulton Diagnostic and Treatment Center states that it does not expect to educate individuals about encryption technology and information security, but rather to notify the individual that there may be some level of risk that the information in the unencrypted email could be read by a third party.

VI. When patients pay for services personally and in full, they can require that Nulton Diagnostic and Treatment Center not share information about the treatment with their health plans.