

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

My commitment to your privacy

Privacy is a very important concern for all those who receive psychological services from me and those who provide contract services for me. There are many federal and state laws, as well as professional ethics; therefore, some parts of this notice are very detailed, and you may need to read them several times to understand them. This notice will tell you how I handle your medical information. It tells how I *use* this information within my practice, how I *disclose* (share) it with other health care professionals and organizations, and how you can see it. It is important for you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please contact me at the phone number or email address at the bottom of this notice for answers or explanations.

What is meant by your protected health information

Each time you have a session with me, or visit any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests or treatment you got from us or from others, or about payment for health care. All this information is called PHI, (Protected Health Information) which means its privacy must be protected. This information goes into your medical or health care records in my office. PHI that I collect can include the following:

- Demographic information about you and your child such as names, address, telephone number, dates of birth, etc.
- Your reasons for seeking consultation with me
- Information about your child such as his/her history and problems
- Information about your history and relationships with others in your family
- Medical information about you, your child, and others in your family, including diagnoses and medications
- Records I receive from others who evaluated or treated your child
- Psychological test scores, school records, and other evaluations and reports you submit to me from other agencies or professionals
- Treatments and other services that I think will best help you, your child, and/or your family
- Session notes: Each time you have a session with me, I write down some things about what we talked about, things you told me, and how I advised you
- Contact logs: notations I make each time we communicate with one another
- Legal matters.
- Billing information

I may also keep other kinds of information in your record for various uses. For example,

- To decide how well my advising is helping you.
- When I talk with other health care professionals who are involved with you, your child, or your family. When I do this, I will ask for your consent. Almost always, I will also ask you to sign a Release of Information form, which will explain what information is to be shared and why.
- For teaching and training other health care professionals or for medical or psychological research. If I do this, your name will never be shown, and there will be no way anyone can find out who you are. Before I do this I will ask for your consent and ask you to sign an authorization, so that you will know what information will be shared and why.
- To show that you actually received services from me, which I billed you for
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.

It is important to note that you are my client but the main person being discussed is your child, and the context is your family. Therefore, PHI as it applies to consultation services with me can be expected to include information about you, your child, and other family members. Throughout this document, when I refer to your PHI, it is to be understood that I am also referring to information I have about your child and/or family.

When you understand what is in your record and what it is used for, you can make better decisions about what other persons or agencies should have of this information, when, and why.

Privacy and the laws about privacy

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Omnibus Final Rule of 2013. HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and my privacy practices.

This form is not legal advice. It is just to educate you about your rights and my procedures. It is based on current federal and state laws and might change if those laws or court decisions change. If I change my privacy practices, they will apply to all the PHI I keep. I will also post the new Notice of Privacy Practices on my website.

How I use and disclose your protected health information (PHI) with your consent

I will use the information I collect about you mainly to provide you with consultation services, to arrange payment for my services, and for some other business activities called, in the law, "health care operations." Except in some special circumstances, when I use your PHI in this office or disclose it to others, I share only the *minimum necessary* PHI needed for those other people to do their jobs. I will ask you to sign a separate consent statement to show that you understand these ways I handle your information. If you do not agree and won't sign this consent form, I will not provide any consultation services you. If I want to use or send, share, or release your PHI for other purposes, I will discuss this with you so you fully understand it, and ask you to sign a Release of Information form to allow this.

If I want to share your PHI with any other professionals I will need your permission on a signed Release of Information form. For example, I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. If I then receive their findings and opinions, those will go into your record with me. If you receive treatment in the future from other professionals, I can also share your PHI with them, if you wish. I can do this only when you give your permission by signing a Release of Information form. This is so that you will know what information is being shared and with whom. These are some examples so that you can see how I use and disclose your PHI for the consultation services I provide.

Using or disclosing your PHI for health care operations goes beyond consultation services and payment for services. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and all personal information will be removed from what I send.

Other uses and disclosures of PHI

- *Appointment reminders.* I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or you prefer some other way to reach you, I usually can arrange that. Just tell me.
- *Responding to your inquiry through my website.* I use the information you submit to me through my website contact form to understand and respond to your inquiry.
- *Treatment alternatives.* I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.
- *Other benefits and services.* I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- *Research.* I may use or share your PHI to do research to improve the services I provide. In all cases, your name, address, and other personal information will be removed from any information given to researchers.
- *Business associates.* I contract other businesses to do some jobs for me. In the law, they are called my "business associates." Examples include an electronic fax service and a secure email service to allow options for how you can return your initial paperwork to me. These business associates receive some of your PHI in the course of the functions that they provide. To protect your privacy, they have agreed in their contracts with me to safeguard your information just as I do.

If I want to use your information for any purpose besides those described above, I need your permission on a Release of Information form. If you do allow me to use or disclose your PHI, and then change your mind, you can cancel that permission in writing at any time. I will then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have already used or disclosed to anyone with your permission.

Disclosing your health information without your consent

The HIPAA laws let me use and disclose some of your PHI without obtaining your consent or authorization in some cases. Here are some examples of when I might do this. I will almost always notify you if any of these situations occur.

1. When required by law. There are some federal, state, or local laws that require me to disclose PHI:

- I have to report suspected abuse or neglect of children, the elderly, and disabled persons to a state agency.
- If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after telling you about the request and will suggest that you talk to your lawyer.
- I have to disclose some information to the government agencies that check on me to see that I am obeying licensure and privacy laws.

2. For law enforcement purposes. I may release your information if asked to do so by a law enforcement official to investigate a crime or criminal.

3. For public health activities. I may disclose some of your PHI to agencies that investigate diseases or injuries.

4. For matters relating to deceased persons. I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

5. For specific government functions. I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may be required to disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

6. To prevent a serious threat to health or safety. If I come to believe that there is a serious threat to your health or safety, or that of your child or another person or the public, I can disclose some of your PHI. For example, I am required to report to law enforcement if I become aware of a threat made against someone of homicide, or other serious, imminent threat made against an identifiable victim, as well as warn the intended victim.

7. Other emergency situations. If there is an emergency, and I am unable to get your agreement, I can disclose information if I believe that it is what you would have wanted and if I believe it will help you. When I do share information in an emergency, I will tell you as soon as I can. If you don't approve, I will stop, as long as it is not against the law. I will first make an effort to reach the emergency contact person that you specified as part of the Informed Consent for Telepsychology.

8. Child's other parent(s). Any parent who has not had their parental rights terminated in a court proceeding has a right to any information I have about their minor child.

Uses and disclosures where you have an opportunity to object

I can share some information about you with your family and anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them about your consultation services with me. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

An accounting of disclosures I have made

When I disclose your PHI, I will keep a record of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. If the records were sent as electronic medical records, I will record that, and there will be no charge for an accounting.

Your rights about your protected health information

1. You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, rather than at work, to schedule or cancel an appointment. I will try my best to do as you

ask, and I don't need an explanation. Please be advised that email is not a secure or private way to contact me. Please use the secure contact form on my website (www.JenniferCainPhD.com) instead. Please note that anything you send me electronically becomes a part of your legal record, even if I do not place it in the chart. Be mindful of this, and please do not forward me emails from third parties or others in your life.

2. You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I don't have to agree to your request, but if I do agree, I will honor it except when it is against the law, when there is an emergency, or when the information is necessary to provide consultation services to you.
3. You generally have the right to look at the PHI I have about you and your child. In some very unusual circumstances, if there is very strong evidence that reading this would cause serious harm to you or someone else, you may not be able to see all of the information. You can get a copy of these records, but I may charge you a reasonable cost-based fee. If your records are in electronic form, not on paper, you can ask for an electronic copy of your PHI. Contact me to arrange how to see your records. Generally I do not recommend that you get a copy of your records, because the copy might be seen accidentally by others. I will be happy to review the records with you verbally or provide a summary to you.
4. If you believe that the information in my records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to me.
5. You have the right to a copy of this notice. If I change this notice, I will post the new one on my website, and you can always get a copy from me.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can contact me and I will do my best to resolve any problems. Or you may contact the New York State Board of Psychology (518-474-3817) or the Ohio State Board of Psychology (614-466-8808), depending on your state of residence. Filing a complaint will not change the psychological services I provide to you in any way.

If you have questions or problems

If you have any questions or problems regarding my health information privacy policies, please contact me at 716-271-1334 or 917-577-4981 or DrCain@hushmail.com.

The effective date of this notice is 12/27/2018.