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NOTICE OF PRIVACY HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY

ACT (HIPAA) PRACTICES

Mental health therapy falls under the category of medical treatment. This notice describes how information about you may be used, disclosed, and how you may gain access to this information according to the Health Insurance Portability and Accountability Act of 1996. PLEASE READ IT CAREFULLY.

I. Preamble

The Psychology Licensing Law provides extremely strong privileged communication protections for conversations between you and your therapist in the context of your established professional relationship. There is a difference between privileged conversations and documentation in your mental health records. Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information is to be included in your “designated medical record” as well as some material, known as “Psychotherapy Notes” which is not accessible to insurance companies and other third-party reviewers and in some cases, not to the patient himself/herself.

HIPAA provides privacy protections about your personal health information, which is called “protected health information” (PHI) which could personally identify you. PHI consists of three (3) components: treatment, payment, and health care operations.

Treatment refers to activities in which I provide, coordinate or manage your mental health care or other services related to your mental health care. Examples include a psychotherapy session or consulting with your primary care physician about your medication or overall medical condition.

Payment is when I obtain reimbursement for services provided. The clearest example of payment is filing insurance on your behalf to help pay for some of the costs of the mental health services provided you.

Health care operations are activities related to the performance of my practice such as quality assurance. Examples of health care operations include audits, case management, and care coordination.

I may use or disclose your PHI for purposes outside of treatment, payment, or health care operations ONLY WITH YOUR AUTHORIZATION.

II. Uses and Disclosures of Protected Health Information Requiring Authorization

South Carolina requires authorization and consent for treatment, payment and healthcare operations. HIPAA does nothing to change this requirement by law in South Carolina. I may

disclose PHI for the purposes of treatment, payment and healthcare operations with your consent. You have signed this general consent to care and authorization to conduct payment and healthcare operations, authorizing me to provide treatment and to conduct administrative steps associated with your care (i.e. file insurance for you).

Additionally, if you ever want me to send any of your protected health information of any sort to anyone outside my office, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon request. The requirement of you signing an additional authorization form is an added protection to help ensure your protected health information is kept strictly confidential.

There is a third, special authorization provision potentially relevant to the privacy of your records: my psychotherapy notes. In recognition of the importance of the confidentiality of conversations between therapist-patient in treatment settings, HIPAA permits keeping separate "psychotherapy notes" separate from the overall "designated medical record". "Psychotherapy notes" cannot be secured by insurance companies nor can they insist upon their release for payment of services as has unfortunately occurred over the last two decades of managed mental health care. "Psychotherapy notes" are my notes "recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session and that are separated from the rest of the individual's "medical record". "Psychotherapy notes" are more private and contain much more personal information about you, hence the need for increased security of the notes.

You may, in writing, revoke all authorizations to disclosure protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed me to do or if the authorization was obtained as a condition for obtaining insurance and South Carolina law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures Not Requiring Consent or Authorization

By law, protected health information may be released without your consent or authorization in the following circumstances:

- Child abuse: If I have been informed or have reasonable cause to suspect that a child has been abused or neglected, I am mandated to report this matter to the appropriate agency as required by law.
- Adult and domestic abuse: If I have been informed that an adult has been abused, neglected, or exploited and I have reasonable cause to suspect that adult is either disabled, elderly, or dependent, I am mandated by law to report to the appropriate authorities.
- Health oversight activities (i.e. licensing board for Psychology in South Carolina): I may disclose PHI to the South Carolina Board of Examiners of Psychologists as required for regulation, accreditation, licensure, or certification.
- Judicial or administrative proceedings: If you are involved in a court proceeding information about your diagnosis, treatment, and records is privileged under state law. I cannot release this information without your written consent or a court order.
- Serious threat to health or safety (i.e. our "Duty to Warn" Law, national security threats): If in my professional judgement, I perceive you to be a direct threat of

imminent harm to the health or safety of another individual, including yourself, I am legally required to disclose PHI to the appropriate persons.

- Worker's Compensation claims: I may disclose PHI as authorized by and by the extent necessary to comply with laws related to worker's compensation without regard to fault

You have a right to the following:

- The right to request restrictions on certain uses and disclosures of your protected health information. I am not required to agree to a restriction you request. Since I do not accept insurance, you have the right to restrict disclosure of treatment to your insurance provider.
- The right to receive confidential communications by alternative means and at alternative locations. For example, you may not want your bills sent to your home address so I will send them to another location of your choosing
- The right to inspect and copy your protected health information in your medical record and any billing records for as long as protected health information is maintained in the record.
- The right to request an amendment of PHI, although I reserve the right to deny your request.
- The right to an accounting of unauthorized disclosures of your protected health information.
- The right to a paper copy of notices/information from me, even if you have previously requested electronic transmission of notices/information; and
- The right to revoke your authorization of your protected health information except to the extent that action has already been taken.

I am required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and my duties regarding your PHI. I reserve the right to change my privacy policies and practices as needed. If such revisions are made, you will be notified via standard mail. Unless you are notified of changes, I will abide by the terms in effect.

VI. Complaints

If you believe I have violated your privacy rights, you may send a written complaint to the Secretary of the U. S. Department of Health and Human Services.

This notice will go into effect on March 1, 2017.

Your signature below indicates that you have read and received a copy of this information.

Client signature/Date

Janelle Lenhoff, PsyD/Date

