

**Jennifer J. Schnitzer, Ph.D.**  
**Psychological Solutions, Inc. Privacy Notice**

**Policies and Practices to Protect the Privacy of your Health Information**

IN COMPLIANCE WITH HIPAA, 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.

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

Psychological Solutions, Inc. may use or disclose your Protected Health Information (PHI), for treatment, payment, and health care operations purposes with your written authorization. Definitions for clarification of terms:

Psychological Solutions, Inc. – The named private practice corporation and its owners, Dr. Amy Boyd and Dr. Jennifer Schnitzer. Unless otherwise specified, the term Psychological Solutions, Inc., or “we,” refers to this company and either or both of the above named psychologist owners.

PHI – Information in your health record that could identify you.

Treatment – 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 each other or with another health care provider about your care.

Payment – When we obtain reimbursement for your healthcare. An example of this would be when we disclose your PHI to your health insurer to obtain reimbursement for your health care.

Health Care Operations – Activities that relate to the performance and operation of this practice. Examples of this are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

Use – Applies to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. This applies to both Dr. Boyd and Dr. Schnitzer, regardless of which clinician you see for treatment or assessment. We sometimes share protected information with each other for the purpose of billing or clinical consultation and are both bound by the same HIPAA regulations to protect your confidentiality.

Disclosure – Applies to activities outside our practice, such as releasing, transferring, or providing access to information about you to other parties.

Authorization – Your written permission to disclose confidential mental health information. All authorizations to disclose must be done on a specific form.

## **II. Other Uses and Disclosures Requiring Authorization**

Psychological Solutions, Inc. may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain authorization from you before releasing this information. We will also need to obtain additional authorization before releasing your psychotherapy notes. Psychotherapy notes are different from and not included in PHI, and include notes that have been made about the content of an individual, group, joint, or family therapy session.

## **III. Revocation of Authorization**

You may revoke all or any authorizations of PHI and/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, law provides the insurer the right to contest the claim under the policy.

## **IV. Uses and Disclosures Without Authorization**

Under North Carolina law, Psychological Solutions, Inc. may use or disclose PHI without your consent or authorization under any of the following circumstances:

Child Abuse – If you give us information that leads us to suspect child abuse, neglect, or death due to maltreatment, we must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, we must do so.

Adult and Domestic Abuse – If you provide us with information that leads to reasonable belief that a disabled adult is in need of protective services because of abuse or neglect by another person, we must immediately report this to the Department of Social Services.

Health Oversight Activities – The North Carolina Psychology Board and other professional boards have the power, when necessary, to subpoena relevant records should your clinician be the focus of an inquiry.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the professional services we provided you and/or the records thereof, such information is privileged under North

Carolina law, and we will not release such information without the written authorization of you or your legally appointed representative, or a court order. Be advised, if a court order requires that your records be released, under law we must release them, even without your written consent or authorization. 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 we believe disclosure of PHI is necessary to protect you or another individual from a substantial risk of imminent and serious physical injury, we will disclose the PHI to the appropriate individuals, which may include but is not limited to family members, police, or the individual at risk of harm.

**Worker's Compensation** – If you file a worker's compensation claim, we are required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

## **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. 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 you are seeing a psychologist at Psychological Solutions, Inc. At your request, we will send your bills to another address.

**Right to Inspect and Copy** – You have a right to inspect and/or obtain a copy of PHI in our mental health and billing records used to make decisions about you, for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may be denied access to psychotherapy notes if we believe that a limitation of access is necessary to protect you from a substantial risk of imminent psychological impairment or to protect you or another individual from a substantial risk of imminent and serious physical injury. We shall notify you or your representatives if we do not grant complete access. On your request, we will discuss with you the details of the request and/or 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. 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. 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 this notice from us upon request, even if you have agreed to receive the notice electronically.

#### Psychologist's Duties:

We are 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 (this document).

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect (as described in this document).

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. If this occurs, we will provide you with a revised notice in writing either by mail or in person during a regularly scheduled appointment.

#### **VI. Questions and Complaints**

If you have questions about this notice, disagree with a decision we make about access to your records, or have concerns about your privacy rights, you may contact Psychological Solutions, Inc. directly by phone at (919)834-4747, or in writing at 16 N. Boylan Ave., Ste. 106, Raleigh, NC 27603.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to the address provided above.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

#### **VII. Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on August 18, 2006.