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Ohio Psychologist License #2504
HIPAA Notice of Privacy Practices
Effective April 14, 2003

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.

I. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law I am required to protect the privacy of your health information. Protected health information, or PHI, contains information that may identify you and contains data about your past, present, or future physical or mental health or condition. It also contains health care services provided to you and the payment of health care services provided to you. I am required to provide you with this notice about my privacy practices that explains how, when, and why I use and disclose your PHI. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for the use or disclosure. I am legally required to follow the privacy practices that are described in this notice.

Please note that I reserve the right to change the terms of this notice and my privacy policies at any time. Any changes will apply to the PHI I already have. Before I make an important change to my policies, I will promptly change this notice and post a new notice in clear and prominent locations. The notice will contain an effective date clearly located near the top of the first page. You can also request a copy of this notice from the contact person listed in Section VI (Privacy Officer).

II. HOW I MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

The following describes the purposes for which I am permitted or required by law to use or disclose your health information without your consent or authorization. Examples of these types of disclosures are also given. Any other uses or disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time.

A. USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS.

- 1. For treatment.** I may use or disclose your protected health information to referring physicians, psychiatrists, or other health care providers who are involved in your care. For example, if a psychiatrist is treating you, I may disclose your protected health information to coordinate and manage your care.
- 2. For payment.** I may use and disclose your protected health information in order to bill and collect payment for services provided to you. For example, I may send your PHI to your insurance company to obtain payment for health care services rendered to you. I may also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office. Whenever a business associate arrangement involves the use or disclosure of your health information, I will have a written contract that requires the business associate to maintain the same high standards of safeguarding your privacy that I require of myself.
- 3. For health care operations.** I may use and disclose your protected health information to monitor the operation of my practice. For example, I may use your health information to continually evaluate and improve the quality and effectiveness of the services I provide. Under certain circumstances, I may also provide your PHI to accountants, attorneys, consultants, and others to make sure I am in compliance with applicable law.

B. OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.

I may use and disclose your PHI without your authorization for the following reasons:

- 1. Required by law.** I will disclose PHI about you when required to do so by federal, state or local law. This may be in response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding.
- 2. To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, I may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm. Such disclosure would be compelled if you were in a mental state or condition such that you were a danger to yourself or others. Also, disclosure would be compelled if I have a reasonable suspicion of child abuse or neglect, or elder abuse or neglect.

- 3. To you, or a personal representative designated by you.** I may disclose PHI to a personal representative designated by law such as the parent or legal guardian of an unemancipated minor or those having a Power of Attorney.
- 4. For health oversight activities.** For example, when compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
- 5. For Workers' Compensation purposes.** I may provide PHI in order to comply with Workers' Compensation laws.
- 6. For research purposes.** I may provide PHI in order to conduct medical research.
- 7. Appointment reminders and health-related benefits or services.** I am permitted to contact you, without prior authorization, to provide appointment reminders or with information about treatment alternatives or other health care services or benefits I offer.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be use. They are provided to describe in general the types of uses and disclosures that may be made.

C. USES AND DISCLOSURES FOR WHICH YOU HAVE THE OPPORTUNITY TO OBJECT. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

III. OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION.

In any other situation not described in Sections II A, B, and C, I will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures. If you revoke your permission, I will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures I have already made with your permission, and that I am required to retain my records of the care that I provided to you.

IV. YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION. You have the following rights with respect to your PHI.

A. Right to request restrictions on uses and disclosures. You have the right to ask that I limit how I use and disclose your PHI. I will consider your request but I am not legally required to accept it. If I accept your request, I will abide by it except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make. To request restrictions, you must make your request in writing to the Privacy Officer listed in this notice, and you must state the specific restriction requested and to whom that restriction would apply.

B. Right to request confidential communications. You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. For example, sending information to your work address rather than your home address. I will honor your request so long as I can easily provide it in the format you requested. Any such request must be made in writing to the Privacy Officer listed in this notice.

C. Right to inspect and copy your protected health information. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. I may charge a fee for the cost of copying, mailing or other supplies associated with your request. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

In certain very limited situations, I may deny your request to inspect and copy your PHI. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. I will comply with the outcome of the review.

D. Right to correct or update your PHI. If you feel that medical information I have about you is incorrect or incomplete, you may request to amend the information. You must make your request in writing to the Privacy Officer listed in this notice, and it should include the reason(s) that support your request. I may deny your request for an amendment if I determine that (i) the record that is the subject of the request was not created by me, (ii) is not part of the medical information kept by me, (iii) is

not part of the information which you would be permitted to inspect and copy, or (iv) is accurate and complete.

E. Right to receive an accounting of disclosures. You have the right to request a list of the disclosures I have made of medical information about you. You must submit your request in writing to the Privacy Officer listed in this notice. This list will not include uses or disclosures as described in Section II A, B and C. Your request must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. Subsequent requests within the same 12-month period will incur a cost-based fee.

F. Right to obtain a paper copy. You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

V. COMPLAINTS. If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Office listed in this notice. You may also file a complaint with the Secretary of Health and Human Services. It is my policy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

VI. PRIVACY OFFICER

Gloria H. Ireland, M.Ed., E.A.C., Psychologist
Ohio Psychologist License #2504
3200 West Market Street - Suite 101
Fairlawn, Ohio 44333
330-606-7449

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3200 West Market Street, Suite 101, Fairlawn, Ohio 44333. Akron (330) 606-7449.
16600 West Sprague Road, Suite 255, Cleveland, Ohio 44130. Cleveland (440) 891-8848.

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My Notice of Privacy Practices provides information about how I may use and disclose protected health information about you. The terms of my notice may change and a revised copy of Privacy Practices may be obtained by calling 440-891-8848.

You have the right to request that I restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. I am not required to agree to this restriction, but if I do, I am bound by my agreement.

By signing this form, you consent to my use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where I have already made disclosures in reliance on you prior consent.

My signature below indicates that I have been provided with a copy of the notice of privacy practices.

Signature of Patient or Legal Representative

Date

If signed by legal representative, relationship
to patient _____