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**Patient Privacy Notice**

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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 read it carefully. You will be asked to sign a separate record (Acknowledgement of Receipt of Patient Privacy Notice) indicating that you have read and understood this information.

The **Health Insurance Portability and Accountability Act (HIPAA)** is a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. This notice explains your rights and my responsibilities.

PHI is defined as demographic (name, address, etc.) and personal health information that identifies you and relates to your past, present and future health condition, that is generated in the course of providing health care services to you or receiving health care payments for those services.

*Uses and Disclosures of PHI for Treatment, Payment, and Health Care Operations*

I may not use or disclose more of your PHI than is minimally necessary to accomplish the purposes you either authorize, or for treatment, payment, and health care operations. “Use” applies to activities within my office such as sharing, employing, applying, discussing, utilizing, examining, and analyzing information that identifies you. “Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties. Examples of uses or disclosures of your PHI that do not require an authorization from you include:

*Treatment.* Information obtained during the course of your treatment at my practice will be recorded in appointment logs and billing records. The individually identifiable health information recorded is used to establish your treatment and care plan. I may also share your information with another health care provider who is participating in your care.

*Payment.* While I do not accept payment from insurance companies, I will assist you to get the benefits you may have from your insurance company. Your health insurance company or employer's insurance representative helping you obtain payment may request information regarding your care. Upon your request, I will provide necessary information to them about you and your care.

*Health Care Operations.* I may obtain services from business associates with regards to quality improvement, protocol and clinical guideline development, training programs, credentialing, medical review, legal, accounting, and insurance. I will share your health information with such business associates, as necessary, to obtain these services. Any such business associates are required to sign a business associate agreement with me to protect your PHI.

*Uses and Disclosures of PHI Requiring Your Authorization*

I 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. If I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain a written authorization from you before releasing this information. Every effort will be made to set an expiration date for any such written authorization. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. These notes are not part of your medical/clinical record. These notes are my property and used by me for planning and thinking about your care and treatment. I routinely shred these notes, so at any given point in time there may not be any such notes related to your care.

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) I 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.

*Uses and Disclosures with Neither Consent nor Authorization*

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

*Child Abuse.* If you give me information that leads me to suspect child abuse, neglect, or death due to maltreatment, I must report such information to the appropriate 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, I must do so.

*Adult and Domestic Abuse.* If information you give me gives me reasonable cause to believe that a disabled adult is in need of protective services, I must report this to the Director of Social Services.

*Health Oversight.* The North Carolina Psychology Board has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.

*Judicial or Administrative Proceedings.* If you are involved in a court proceeding, and a request is made for information about the professional services that I have provided you and/or the records

thereof, such information is privileged under state law, and I must not release this information without your written authorization, or a court order. This 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. If you are involved in or are contemplating litigation, you should consult your attorney to determine whether a court would be likely to issue a court order forcing me to disclose information.

If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

*Serious Threat to Health or Safety.* I may disclose your confidential information to protect you or others from a serious threat of harm by you. If I believe that a patient presents an imminent danger to his/her health and safety or to the health and safety of another, I may be obligated to seek hospitalization of the patient, contact family members, and contact others such as the police who can help provide protection.

*Worker's Compensation:* If you file a workers' compensation claim, I am required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

#### *Patient's Rights*

HIPAA provides for certain patient rights with respect to Protected Health Information (PHI).

*Right to Request Restrictions.* You have a right to request restrictions regarding how I use or disclose your PHI regarding treatment, payment, and health care operations by delivering the request in writing to me. However, I am not required to agree to your restrictions. If I do agree to your requested restriction, I will follow your request, unless the information is needed to provide emergency care. Your restriction (if agreed to) will not prevent me from releasing information required by other state and federal laws. Finally, if I accept your restrictions, I have the right to terminate them by notifying you. You will be notified in writing if your request for restrictions is not accepted or terminated.

*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. Your request must be in writing. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your correspondence to another address.)

*Right to Inspect and/or Receive A Copy of PHI.* You have the right to inspect or obtain a copy (or both) of PHI in my records for as long as the PHI is maintained in the record according to my policies. Your request must be delivered to me in writing. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

*Right to Amend.* You have the right to request amendments to your PHI. All requests for amendments must be in writing using the form that I provide. An amendment to your record will be made in the form of an addendum, as is common practice in health care. Under federal law, I have the right to deny the amendment. You may request an amendment by delivering your request to me in writing.

*Right to an Accounting.* You have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described above). This accounting will be made to you within 60 days upon a written request to me.

*Right to a Paper Copy.* You have the right to obtain a paper copy of this Patient Privacy Notice from me upon request.

#### *Psychologist's Duties*

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you with a revised notice by mail.

#### *Complaints*

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to my records concerning you, please bring this to my attention as soon as possible. You may also file a complaint by mailing it to the Secretary of Health and Human Services: Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70,61 Forsyth Street, SW, Atlanta, GA 30303 This

Patient Notice is required by Federal law contained in the Federal Registry, 45CFR Part 1.64.