

Notice of Privacy Practices

PSYCHOLOGICAL SLEEP SERVICES

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Our Policies and Practices to Protect the Privacy of Your Health Information

(based on the new required HIPAA standards)

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL INFORMATION ABOUT YOU IS PROTECTED AND DISCLOSED, AND HOW YOU MAY GET ACCESS TO THIS INFORMATION IF YOU WISH.

1) Uses and Disclosures for Treatment, Payment and Health Care Operations

a) Our office will use information contained in your medical record to provide treatment for you, to file insurance claims or to fill out treatment plans for your insurance company if you have asked us to, and to obtain payment or to determine health coverage eligibility. Treatment includes when we provide, coordinate or manage your health care. An example of treatment might also include if we consult with another health care provider, such as your family physician (although HIPAA allows for this to be done without a written Release of Information, our office will only do this with your written release/consent) or another psychologist (done without using names or identifying information). Your health information may be used internally in our office for such administrative operations as internal audits or quality assurance.

b) We participate in an organized healthcare arrangement through OhioHealth Group, Ltd. (Health4). Health4 consists of an organized system of healthcare in which multiple covered entities participate. Through Health4, we participate in joint activities that include utilization review, quality assessment and improvement activities, and certain payment activities. We may disclose your PHI to other participants in this organized healthcare arrangement in order to facilitate the healthcare operations activities of Health4.

1. Uses and Disclosures Requiring Authorization

a) Outside of the uses and disclosures specified above, information will not be released from your clinical records without your specific written authorization, telling us specifically what information you would like released, and to whom. Psychologists are now able to keep part of your file even more private, especially from managed care/insurance companies by labeling it as Psychotherapy Notes. If there is something you and Dr. Haraburda feel should be separate/private, please talk to him about making notes in this separate file. These notes are given a greater degree of protection. Apart from the exceptions outlined in sections I and III of this notice, we do not use your information

(psychotherapy notes or PHI-protected health information) for any reason without your written permission.

b) You may revoke any authorizations at any time in writing. That revocation will be effective the day on which we receive it, and cannot apply to information already released on your previous authorization.

1. Uses and Disclosures with Neither Consent nor Authorization

a) **There are several situations when, by law, psychologists are obligated to break confidentiality:**

i) Child or Elder Abuse or Neglect - psychologists are bound by law to report knowledge or suspicions to the appropriate authorities;

ii) Serious Threat to Health or Safety - if your therapist believes that you pose a clear and substantial risk of serious harm to yourself or another person, we are bound by law to take action to protect you and/or the other person(s); and

iii) If you apply for Worker's Compensation, you should be aware that they will definitely ask that you release your records to them - our office will only release this information with your written authorization, but they will not consider your claim without said release.

1. Patient's Rights and Psychologist's Duties

a) **Patient's Rights**

i) You may ask that we send communications to you by alternative means and at alternative locations (for instance, we can send your bills to another address to protect confidentiality if you wish, and you should advise us of how you wish to be contacted telephonically (perhaps only by cell phone, or not at work, etc.))

ii) You may inspect/copy your records, although most patients find it is much more helpful/ useful to discuss their concerns or review records with their psychologist instead of doing this.

iii) You have the right to limit information disclosed to insurance companies by not using insurance to pay for your services. You have the option to self-pay.

iv) You have the right to be notified if there is ever a breach of unsecured PHI.

v) Legally you may ask to amend your record.

vi) Legally you may request restrictions on disclosures of your record (in this practice, you have full control of this)

vii) Legally, you may ask for an accounting of disclosures of your record, but since we do not release information except under the emergency conditions above without your written authorization, you will already fully know whether you have authorized us or not to release information from your file.

viii) You have the right to have a copy of this Notice if you wish.

b) Psychologist's Duties

i) We are required by law to maintain the privacy of your record and to provide you with this notice you are reading now.

ii) We reserve the right to change these policies and practices, and will abide by these policies unless we notify you of changes which will be posted in our office.

c) Complaints

i) If you are concerned about any issues in this practice, including feeling that your privacy rights have been violated in any way, you may contact Dr. Haraburda directly at the practice. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with this address if needed.

This notice went into effect on September 20, 2013

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.