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NOTICE OF PRIVACY POLICIES FOR PROTECTED HEALTH INFORMATION
[Health Insurance Portability and Accountability Act of 1996 (HIPAA)]

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Contents of this notice:

- A. Introduction
- B. What I mean by *your medical information*
- C. Privacy and the laws about privacy
- D. How your protected health information can be used and shared
- E. Your rights concerning your health information
- F. If you have questions or problems

A. Introduction

This notice will tell you how I handle your medical information. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask me for more explanations or more details.

B. What I mean by *your medical information*

Each time you visit any doctor's office, hospital, clinic, or other health care provider, or me, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you received or about payment for health care. The information I collect from you is called "PHI," which stands for "protected health information." This information goes into your medical or health care records in my office.

In this office, your PHI is likely to include these kinds of information:

- Your history: What your life was like as a child; your school and work experiences; your Marriage/significant relationships and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that I think will best help you.
- Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

Although your health care records in my office are my physical property, the information belongs to you. You can read your records, and if you want a copy I can make one for you (but I may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is

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missing, you can ask me to amend (add information to) your records, although in some rare situations I don't have to agree to do that. Also note that if you request your record, I may suggest that you review it with myself or another mental health professional who can help clarify terminology or any other possibly confusing aspects of the record.

C. Privacy and the laws about privacy

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your PHI private and to give you this notice about my legal duties and my privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to all the PHI I keep. I will post the new notice of privacy practices in my office where everyone can see. You or anyone else can also get a copy of a revision statement from me at any time.

D. How your protected health information can be used and shared

1. Uses and disclosures with your consent/authorization

a. The basic uses and disclosure: For treatment and payment

For treatment: I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of my services.

I may share your PHI with others who provide treatment to you. I am likely to share your information with your personal physician. If you are being treated by a team, I can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

2. Changing uses and disclosures - your authorization

You can cancel your authorizations re: PHI in writing at any time. I would then stop using or disclosing your information as you have indicated. Of course, I cannot take back any information I have already disclosed or used with your permission. I may also need to adjust how we work together if I feel that not using or disclosing your PHI as you have requested will hinder our work together or be detrimental to your treatment.

3. Uses and disclosures that do not require your consent or authorization

In some cases, the law allows me to use and disclose some of your PHI *without your consent or authorization*. Here are some examples of when this might happen:

a. When required by law

There are some federal, state, or local laws that require us to disclose PHI:

- I have to report suspected neglect or abuse of a child, an elderly person, or someone who is disabled.
- If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.

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- I have to disclose some information to the government agencies that check on us to see that I am obeying the privacy laws.
- b. For law enforcement purposes
 - I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.
- c. For public health activities
 - I may be required to disclose some of your PHI to agencies that investigate diseases or injuries.
- d. Relating to decedents
 - I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.
- e. For specific government functions
 - I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.
- f. To prevent a serious threat to health or safety
 - If I believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI.
- g. In an emergency in which I cannot ask if you disagree, I can share information if I believe that it is what you would want and if I believe it will help you for me to share it. If I do share information in an emergency, I will tell you as soon as I can. If you don't approve I will stop, as long as it is not against the law.

E. Your rights concerning your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell people involved in your care except when it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but I may charge you.
4. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You need to make this request in writing and send it to me. You must also tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this notice, I will post the new one in my office.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

F. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to me. If you have a problem with how your PHI has been handled, or if you believe your

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privacy rights have been violated, contact me. As stated above, you have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. I promise that I will not in any way limit your care here or take any actions against you if you issue a complaint. If you have any questions or problems about this notice or my health information privacy policies, please contact me at 617.650.9807.

The effective date of this notice is January 1, 2014

Name _____ Date _____

The undersigned does hereby acknowledge receipt of this office's Notice of Privacy Practices Pursuant To HIPAA. The undersign does hereby consent to the use of his or her health information in a manner consistent with the Notice of Privacy Practices Pursuant to HIPAA, the HIPAA Compliance Manual, State law and Federal Law.

Patient Signature: _____

If patient is a minor or under a guardianship order as defined by State law:

Parent/Guardian Signature: _____