

# Troy Psychological Services PLLC

Sarah Gates, Psy.D.

122 Elmira Street, Suite B, Troy, PA 16947

Phone: (570) 529-6060 Fax: (570) 529-6069

---

## **Notice of Protected Health Information**

### **Protected Health Information (PHI)**

Protected Health Information (PHI) is a HIPAA term referring to information collected, created, or received about you and your physical and mental health. PHI may include your past, present, or future health or condition; health care provided to you; and payment for your care.

I am required by law to protect the privacy of your PHI. This Notice explains how, when, and why I may use or disclose your PHI. Use means to share, examine, utilize, apply, or analyze PHI within my practice; disclose means to release, transfer, give, or otherwise divulge PHI to a third party outside my practice. With some exceptions, I cannot use or disclose more of your PHI than necessary for any given purpose.

I am required by law to follow the privacy practices described in this Notice. However, I reserve the right to change the terms of this Notice or my privacy policies at any time.

Any such changes will apply to all PHI that I already have on file. If I change my privacy policies, I will revise this Notice and make copies available at my office. You may request a copy of this Notice from me or view it at my office at any time.

### **How I May Use and Disclose Your PHI**

Some uses or disclosures of your PHI require your prior written authorization; others do not. Listed below are the various categories of uses and disclosures, together with examples.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations That Do Not Require Your Prior Written Consent.

I may use or disclose your PHI without your consent for the following reasons:

1. For Treatment. I may use your PHI to provide you with mental health treatment. In addition, I may disclose your PHI to physicians, psychiatrists, psychologists, or other licensed health care providers involved in your care. For example, if you are seeing a psychiatrist, I may disclose your PHI to him or her so that the two of us can better coordinate your care.
2. To Obtain Payment for Treatment. I may use or disclose your PHI to bill or collect payment for services rendered. For example, I may disclose your PHI to your insurance company or health plan to obtain reimbursement, or to billing companies, claims processing companies, or other entities that process health care claims.
3. For Health Care Operations. I may use or disclose your PHI to operate my practice. For example, I might use your PHI to evaluate the quality of the services I provide to you. I may also disclose your PHI to accountants, attorneys, consultants, or other professionals I hire to help me manage my practice.

4. Patient Incapacitation or Emergency. I may disclose your PHI to others without your consent if you are incapacitated or in case of emergency. For example, your consent is not required if you need emergency treatment so long as I try to get your consent after treatment is rendered; or, if you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I believe that you would consent to emergency treatment if you were able.

Certain Other Uses and Disclosures Do Not Require Your Consent or Authorization. I may also use and disclose your PHI without your consent or authorization for the following reasons:

1. When Federal, State, or Local Laws Require Disclosure. For example, I may have to disclose PHI to government agencies or law enforcement personnel when mandated by law to report the abuse or neglect of a child, elder, or dependent adult.
2. When Judicial or Administrative Proceedings Require Disclosure. For example, if you are involved in a lawsuit or a claim for workers' compensation benefits, I may have to use or disclose your PHI in response to a court order, administrative order, or subpoena.
3. When Law Enforcement Requires Disclosure. For example, I may have to use or disclose your PHI in response to a search warrant.
4. When Public Health Activities Require Disclosure. For example, I may have to use or disclose your PHI to report to a government agency an adverse reaction to a medication.
5. When Health Oversight Activities Require Disclosure. For example, I may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization.
6. To Avert a Serious Threat to Health or Safety. For example, I may have to use or disclose your PHI to avert a serious threat to the health or safety of others. Any such disclosures will be made only to someone able to prevent the threatened harm from occurring.
7. For Specialized Government Functions. If you are in the military, I may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations.
8. To Remind You About Appointments and to Inform You of Health-Related Benefits or Services. For example, I may have to use or disclose your PHI to confirm appointments with you or to inform you about treatment alternatives that may interest you.

Uses and Disclosures Require You to Have the Opportunity to Object: Disclosures to Family, Friends, or Others. I may provide your PHI to a family member, friend, or other person whom you identify as involved in your care or payment for your care, unless you object in whole or in part. In emergency situations, the opportunity to object may be given after the fact.

Other Uses and Disclosures Require Your Prior Written Authorization. For any other situation not outlined above, I must obtain your written authorization before using or disclosing your PHI. If you authorize use or disclosure of your PHI, you may later revoke the authorization in writing. While this will prevent future uses and disclosures of your PHI, keep in mind that disclosures already made cannot be "undone."

## **Your Rights Regarding Your PHI**

You have the following rights with respect to your PHI:

**The Right to Request Restrictions on My Uses and Disclosures.** You have the right to request restrictions or limitations on my uses or disclosures of your PHI to carry out treatment, payment, or health care operations. You also have the right to request that I restrict or limit disclosures of your PHI to family members, friends, or others who are involved in or financially responsible for your care. Please submit any request for restrictions to me in writing. Although I will consider your request, I am not legally required to approve it. If I approve your request, I will put my approval in writing and will abide by it except in emergency situations. Be advised that you may not limit any uses or disclosures required by law.

**The Right to Choose How I Send PHI to You.** You have the right to request that I send confidential information to you at an alternate address (for example, to your workplace rather than your home) or by alternate means (for example, by E-mail instead of by regular mail). I must agree to your request so long as (1) it is reasonable, (2) you specify how or where you wish to be contacted, and (3) when appropriate, you provide me with information as to how payment for such alternate communications will be handled. I cannot require you to explain the basis of your request as a condition of providing communications on a confidential basis.

**The Right to Inspect and Copy Your PHI.** In most cases, you have the right to inspect and copy your PHI, but you must make your request in writing. If I do not have your PHI but know who does, I will tell you how to get it. I will respond within 30 days of receiving your request. In certain situations, I may deny your request. If I do, I will provide my reasons for the denial in writing and explain your right to have my denial reviewed.

If you request a copy of your PHI, I will charge you no more than twenty-five cents (\$0.25) per page. I may provide you with a summary or explanation of the PHI instead of the PHI itself, but only if you agree to this (and to any costs involved in preparing the summary) in advance.

**The Right to Receive an Accounting of Disclosures.** You have the right to receive an Accounting of Disclosures (a list of instances where I have disclosed your PHI). The Accounting of Disclosures will not include: disclosures made for treatment, payment, or health care operations; disclosures made to you; disclosures that you have authorize; disclosures incident to a use or disclosure permitted or required under federal regulations; disclosures made for national security or intelligence purposes; or disclosures made to correctional institutions or to law enforcement personnel.

I will respond within 60 days of receiving your request for an Accounting of Disclosures.

The Accounting of Disclosures will include disclosures made in the last six years unless you specify a shorter time span. It will include the date of each disclosure, the recipient of each disclosure (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the Accounting of Disclosures to you at no charge, but if you make more than one request per year, I may charge you a reasonable, cost-based fee for each additional request.

**The Right to Amend Your PHI.** If you believe that there is a mistake in your PHI or that important information is missing, you have the right to request that I correct the existing information or add the

missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request. If I approve your request, I will change your PHI, inform you once the change has been made, and notify others that need to know about the change. I may deny your request in writing if the PHI is (1) correct and complete, (2) not created by me, (3) not allowed to be disclosed, or (4) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial.

If you opt not to file such a statement, you still have the right to request that your original request and my denial be attached to all future disclosures of your PHI.

The Right to Receive a Paper Copy of this Notice. You have the right to receive a paper copy of this notice even if you have agreed to receive it via E-mail.

### **Complaint Procedures and Contact Information**

If you believe that I have violated your privacy rights, or if you disagree with a decision I make about access to your PHI, you may file a written complaint either with me or with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201. I will not retaliate against you if you file a complaint about my privacy practices.

If you have any questions about this Notice, complaints about my privacy practices, or if you would like to know how to file a complaint with the U.S. Department of Health and Human Services, please contact me at the address shown below.

This notice went into effect on May 11, 2017.

Contact information:

Sarah Gates, Psy.D.  
Troy Psychological Service PLLC  
122 Elmira St.  
Troy, PA 16947  
Phone: (570) 529-6060