

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed by Ryan & Ryan Psychological Associate and how you can get access to this information. Please review it carefully. PHI refers to information in your health record that could identify you. This Notice of Privacy Practices describes how I may use or disclose your PHI, my legal duties, and your rights concerning your health care information.

My Responsibilities: I am required by law to protect the privacy of your information and to provide you with this notice about my information practices. I am also required to abide by the terms of this notice and to notify you if I am unable to agree to a requested restriction you have made relative to the use or disclosure of your information.. In addition, I am required to accommodate reasonable requests you make regarding the communication of your health information by alternative providers.

I acknowledge I have received the Notice of Privacy Practices.

Date: _____

Signature: _____

If signed by someone other than client, state relationship to client: _____

(Witness)

I. Uses and Disclosures for Treatment, Payment and Health Care Operations

Your protected health information (PHI) may be used and disclosed for treatment, payment, health care operations with your consent. To help clarify these terms, here are some definitions.

- **PHI** refers to information in your health record that could identify you.
- **Treatment** refers to the provision, coordination, or management of your health care and other services related to your health care.
- **Payment** is when reimbursement is obtained.
- **Health Care Operations** are activities that relate to the performance and operation of this practice.
- **Use** refers to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of this office, such as releasing, transferring or providing access to information about you to other parties.
- **Mental Health Provider and Psychotherapist** are terms used to describe someone with my credentialing.

II. Uses and Disclosures Requiring Authorization

Your PHI may be disclosed for purposes outside of treatment, payment, or 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. In those instances when information for purposes outside of treatment, payment, or health care operations is requested, an authorization from you will be obtained before releasing this information. An authorization also must be obtained before releasing your psychotherapy notes. Psychotherapy notes are notes made about your conversations during counseling sessions. These are separate from the rest of your medical records. These notes are given a greater degree of protection than PHI.

III. Uses and Disclosures with Neither Consent nor Authorization

PHI may be used or disclosed without your consent or authorization in the following circumstances:

- **Child Abuse**: If I have reasonable cause to suspect child abuse or neglect, I must report this suspicion to the appropriate authorities as required by law.
- **Adult and Domestic Abuse**: If I have reasonable cause to suspect you have been criminally abused, I must report this suspicion to the appropriate authorities as required by law.
- **Health Oversight Activities**: If I received a subpoena or other lawful request from the Department of Health, the Michigan Board of Psychology, coroner, or medical examiner, I must disclose the relevant PHI pursuant to that subpoena or lawful request.
- **Judicial and administrative procedures**: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and information will not be released without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in

advance if this is the case.

- **Serious Threat to Health or Safety:** If you communicated a threat of physical violence against a reasonable intent and ability to carry out that threat in the foreseeable future, your therapist may disclose relevant PHI and take the reasonable steps permitted by law to prevent the threatened harm from occurring. If you MHP believes that there is an imminent risk that you will inflict serious physical harm on yourself, information may be disclosed in order to protect you from self harm.

IV. Patient's Rights and Mental Health Providers Duties

Patient's Rights:

- You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required by law to agree to a restriction that you request.
- You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a mental health professional and request that your bill be sent to an alternative address.)
- You have the right to inspect or obtain a copy of PHI in mental health and billing records used to make a decision for as long as that record is maintained. Access to PHI may be denied under certain circumstances, but in some cases you may have this decision reviewed.
- You have the right to request an amendment of PHI for as long as the PHI is maintained in the record.
- You generally have the right to receive a paper copy of an accounting of disclosures of PHI.

Mental Health Provider 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 we notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise policies and procedures. I will notify you in person at my office, over the phone, or by US Mail, whenever I believe the change in policy or procedure directly affects or creates a disclosure of your PHI.

V. Complaints or Concerns

If you are concerned that your privacy has been violated or you disagree with a decision which has been made regarding access to your records, you may contact me directly at any time to discuss this.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice is in effect as of April 24, 2003.