**Lauri Palmer, LMSW**

23230 Seneca

Oak Park, MI 48237

248-854-5381

To my clients:

Effective April 14, 2003, a set of federal regulations was enacted to provide privacy protection and patient rights with regards to the use and disclosure of patient health records. The Health Insurance Portability and Accountability Act (HIPAA) was created to provide safeguards against growing access to patient medical records. As I understand it, this particularly refers to large medical organizations, such as hospitals and insurance companies, where increasing numbers of persons, including case managers and billing personnel, have access to the information in medical and psychological records.

I believe it is important that clients feel safe knowing their confidentiality is protected. In a private practice such as mine I am the only person who has access to information about you. I do not employ anyone who would have access to or view your records. However, if you or I submit my bill to your insurance company, your insurer has the right to review your medical record. A benefit of this federal regulation is that psychotherapy notes now have special protections, so they can be brief and general in nature.

Under Michigan law, there are some exceptions to the legal rule of confidentiality, such as when I suspect criminal abuse or imminent risk of harm to yourself or an identifiable third person. The attached document lists these exceptions, all of which were state law in Michigan prior to these newer federal regulations.

In order to be compliant with this law, I am providing you with a Notice of Privacy Policies and Practices. The law requires that I obtain your signature acknowledging that I have provided you with this information. Please feel free to ask me any questions or raise any concerns about this issue at any time.

Sincerely,

Lauri Palmer, LMSW

**Notice of Privacy Policies and Practices**

**Lauri Palmer, LMSW**

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 REVIEW IT CAREFULLY.

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

I may *use* or *disclose* your *protected health information* (*PHI*), for *treatment*, *payment*, *and health care operations* purposes **with your consent**. Italicized words are defined as follows:

* “*PHI*” refers to information in your health record that could identify you.
* “*Treatment, Payment, and Health Care Operations*”

-*Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example would be when I consult with a health care provider such as a physician providing your medication or another psychologist.

- *Payment* is when I obtain reimbursement for your health care. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

-*Health Care Operations* are activities that relate to the performance and operation of my practice such as insurance company audits and case management and care coordination.

* “*Use*” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Note that at this time I am in solo practice and share information with no one else in my office.
* “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties. This can be done in oral or written form and includes electronic transmission of PHI via telephone, facsimile, and/or email.

**II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI 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 I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information.

You may revoke all such authorizations 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, law provides the insurer’s right to contest the claim under the policy.

**Exceptions** - I may use or disclose PHI 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 receive a subpoena or other lawful request from the Department of Health or the Michigan Board of Psychology, I must disclose the relevant PHI pursuant to that subpoena or lawful request.
* *Judicial and Administrative Proceedings* - 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 I will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated or 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 communicate to me a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, I may disclose relevant PHI and take the reasonable steps permitted by law to prevent the threatened harm from occurring. If I believe that there is an imminent risk that you will inflict serious physical harm on yourself, I may disclose information in order to protect you.
* *Worker’s Compensation* - I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

**III. Patient’s Rights and Psychologist’s Duties**

Patient’s Rights:

* *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
* *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. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
* *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. 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 an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
* *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
* *Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

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 copy during a psychotherapy session.

**IV. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please contact me. If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me at my office. You may also send a written complaint to the:

State of Michigan Bureau of Health Service

P.O. Box 30670

Lansing, MI 48909-8170

Secretary of the U.S. Department of Health and Human Services

200 Independence Avenue

S.W. Washington, D.C. 20201

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

**V. Effective Date**

This notice is effective April 14, 2003

**Acknowledgment**

**Receipt of Notice of Privacy Policies and Practices**

**Lauri Palmer, LMSW**

By signing below, I acknowledge that I have received the Notice of Privacy Policies and Practices from

Lauri Palmer, LMSW

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date

**Documentation of Failure to Obtain Signed Acknowledgment**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017, Lauri Palmer, LMSW, presented this Acknowledgment of Receipt

of Notice of Privacy Practices Form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The client refused to

provide a signature when requested.

\_\_\_\_\_ Refused the Notice of Privacy Policies and Practices

\_\_\_\_\_ Accepted the Notice of Privacy Policies and Practices

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature