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NOTICE OF POLICY AND PRACTICE TO PROTECT YOUR HEALTH INFORMATION

We understand that medical information about you and your health is personal and we are committed to protecting this information. This notice will describe the ways in which we may *use* and *disclose* medical information about you; along with your rights by law.

Uses and Disclosures for Treatment, Payment, and Healthcare Operations

We may use or disclose your protected health information (PHI) for treatment, payment, and health care operations. To help clarify these terms please find the following definitions:

1. PHI or protected health information refers to information in your health record that could identify you.
2. Treatment, payment and healthcare operations
 - a. **Treatment:** the provision, coordination, or management of your healthcare.
 - b. **Payment:** filing your insurance. We must use your PHI to file for insurance reimbursement or to determine eligibility for coverage. Some insurance companies will also require the report/note be attached to an insurance claim before paying for services.
 - c. **Healthcare Operations:** activities that relate to the performance and operation of clinical practice. Employees or contractors, audits, and administrative services.
 - d. **Use:** applies only to activities within this office.
 - e. **Disclose:** applies to activities outside this office such as releasing, transferring or providing access to information about you to other parties.

Uses and Disclosure Requiring Authorization

We may use or disclose PHI for purposes outside of treatment payment, or healthcare operations only when your appropriate authorization (signature) is obtained. You may revoke all authorizations at any time provided each revocation is in writing. You may not revoke an authorization to the extent that it is required as a condition of obtaining insurance coverage. In cases such as this, you must contest this matter directly with your insurance company.

Uses and Disclosures Not Requiring Consent or Authorization

Child Abuse or Elder Abuse – We are required by Arizona Statute (ARS § 13-3620) to report PHI to the appropriate authorities when we have reasonable grounds to believe that a vulnerable person is, or has been, the victim of neglect or physical and/or sexual abuse. In the case of a vulnerable adult, we also have the requirement to report any exploitation of the adult's property.

Health Oversight Activities – If the Arizona Board of Psychological Examiners or other governing organization (i.e. Medicare) is conducting an investigation, then we are required to disclose PHI upon receipt of a subpoena or other proper notification.

Judicial and Administrative Proceedings – If you are being evaluated by a third party or where the evaluation is court ordered, then we are required to disclose PHI.

Serious Threat to Health & Safety – If you communicate an explicit threat of imminent physical harm or death to yourself or another person and we have reason to believe that you have intent to carry out this threat, then we have a duty to take reasonable precautions to prevent the harm from occurring. This may include disclosing PHI to potential victim, police, family, or other providers to coordinate a hospital admission.

Workers Compensation – We may be required to disclose PHI 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 provides benefits for work-related injuries or illness without regard to fault.

Protocol for the Secure Storage, Transfer and Access of Your Records

In accordance with Arizona law, we are required to inform you of how your records will be securely stored and transferred and how you may access your records. First, a hard copy was sent via facsimile to your inpatient facility or to your primary care physician if you were seen as an outpatient for proper coordination of your care under Medicare guidelines and will be maintained according to that provider or facilities’ policy. If a third party payer requests a copy as a condition of payment, then a copy will be sent to that payer and maintained or disposed according to their policy. Any other dissemination of your record will require a new and separate Release of Information signed by you or your legal guardian, which will be kept in your file.

Then, all of our records are stored in electronic form and any hard copy information is scanned and kept in the patient data file. Our computers are backed up to an external storage source (external hard drive, flash drive and/or CD) and kept in a locked safe; and the safe is kept for the sole/exclusive purpose of Associates in Health Psychology, behind a locked door for a period of seven (7) years from the date of your last visit. After the minimum record maintenance period, the records will be destroyed unless you wish to retain a copy of the records for your file. Please submit all requests of this nature in writing. Request for a copy of your record will be granted within 30 days of receipt unless we have reason to believe that release of your records may be harmful or otherwise not in your best interest.

Should the practice terminate, death of provider occur, or sale of this practice occur to another licensed professional then reasonable effort will be made to contact you or your legal guardian to inform you if your records will be relocated and how you may access them.

Patient’s Rights and Clinician Duties

You have a right to request restrictions to your record. However, we are not required to agree to a restriction you request.

You have a right to receive confidential communications by alternative means and at alternative locations. An example of this right is that you may not want a family member to know that you are seeing any of our providers and you can request the statements to be sent to another address.

You have a right to inspect and copy your PHI at any time.

You have a right to request an amendment of PHI. We may deny your request if the information is accurate although we will discuss the issue and come to an agreement at such time it is needed.

You have a right to an accounting of PHI disclosures.

You have a right to obtain a paper copy of this notice at any time.

We are required by law to maintain the privacy of your PHI within the guidelines of this notice and can only change the privacy practice and policies by notifying you (in writing) of any change.

Questions and Complaints

If you feel that your rights have been violated, you disagree with this notice, or for any other concern it is our hope that you will first discuss your concerns with us out of courtesy and respect to our relationship. If your concerns are not addressed to your satisfaction or you would like to file a complaint, please contact the Arizona Board of Psychologist Examiners or the US Department of Health and Human Services.

Electronically signed and implemented on August 5, 2008, revised on 4/5/10, 4/7/13, 9/11/14 by Sharon A. Bell, PsyD