

Elizabeth Shryer Boyle Psychological Services

Notice of Practices for Protected Health Information

REVISED Effective Date: 10/24/2014

This notice describes how your personal information may be used and disclosed and how you can obtain access to this information. Please review it carefully!

The office is permitted by federal privacy laws to make use and disclosure your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documentation of your symptoms, assessment, test results, diagnoses, treatment, and requests for future care or treatment. It also includes billing documents for those services.

Examples of Uses of Your Health Information for Treatment Purposes are:

- Through the assessment process and treatment, there is a record of your diagnosis and your treatment plan and progress that is kept in a confidential electronic medical record file.
- During the course of your treatment, the psychologist may determine it is necessary to consult with another psychological provider anonymously, but will inform you when at all possible. If a consultation occurs with one of your healthcare providers, it will be with your written consent.

Use of Your Health Information for Payment Purposes:

We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide minimal information to them about your care.

Use of Your Information for Health Care Operations:

At times insurers may conduct quality review, outcome evaluation, protocol and clinical guideline reviews. We will share information about you in such cases ONLY when required.

Your Health Information Rights

The health and billing records are the physical property of this office. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your personal information by delivering the request to our office in writing; we are not required to grant the request, but we will comply with any request granted as the law allows.
- Request a restriction on disclosures of personal information to a health plan for purposes of carrying out payment for health care treatment (and if it is not for purposes of carrying out treatment). Please note that this could potentially affect their ability to process your claims.
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information by making a request at our office.
- Request that you be allowed to inspect and receive copies of your health and billing records at your own expense when you supply written request to our office.
- Appeal a denial of access to your protected health information, except in certain circumstances where revealing such records would cause extreme harm to you as the patient.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. We may deny your request if you ask us to amend information that:
 - Was not created by us;

- Is not part of the health information kept by or for the office;
- Is accurate and complete

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.

If you want to exercise any of the above rights, please contact Elizabeth Shryer Boyle Psychological Services at 232 Snelling Avenue South, St. Paul, MN 55105, in person or in writing, during regular, business hours. She will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you
- To treat you with respect at all times
- To involve you in your own treatment planning and outcome
- Abide by the terms of this Notice
- Notify you if we cannot accommodate a requested restriction or request
- Accommodate your reasonable request regarding methods to communicate health information to you

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office to pick up a copy.

Your Responsibilities

As a patient at this clinic you are asked to:

Be actively involved in your therapy at all times; please do ask questions of your psychologist

Be honest and open with your psychologist

Complete any requested work to enhance your therapy

Be on time for your appointments

Be respectful of all others in the office and the building at all times

Contact your insurance company if you have questions or as instructed by your therapist

Cancel appointments with over 24 hours notice during business hours if you cannot make them or pay the late cancellation fee or no show fee of \$100

Pay your bills in a timely manner or incur additional expenses

To Request Information or File a Complaint

If you have questions or want to report a problem regarding the handling of your information, you may contact Elizabeth Shryer Boyle Psychological Services in person or in writing at 1599 Selby Avenue,

Suite 103, St. Paul, MN 55104. The phone number is 651-789-4746. Or you may file a complaint to the Minnesota Board of Psychology at 2829 University Avenue, Suite 320, Minneapolis, MN 55414 or email at psychology.board@state.mn.us. Their phone number is 612-617-2230.

- We cannot, and will not, require you to waive the right to file a complaint with the Board of Psychology as a condition of receiving treatment from the office/hospital.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Disclosures and Uses

Communication with Family

- Using our best judgment, we may disclose to a family member, close personal friend, or other person you identify, information relevant to that person's involvement in your care or in payment for care, only in a life-threatening emergency or with your signed authorization.

Workers Compensation/Disability Services

- If you seek compensation through Workers Compensation or Disability Services, we may disclose your protected health information within legal limits to Workers Compensation/Disability Group.

Abuse & Neglect

- We must disclose your protected information to public authorities as required by law to report abuse or neglect of minor children, vulnerable adults, or a healthcare provider who has or is abusing you

Employers

- We may release health information about you to your employer if we provide services to you when your employer requests such information if we are hired to conduct an evaluation to help enhance or determine your workability /fitness for duty, or to evaluate whether you have a work-related illness or injury. In such circumstances, this would require a written authorization signed by you.

Law Enforcement

- We may disclose your protected information for law enforcement purposes as required by law, as required by court order, or when an individual is mandated to attend therapy. Any such information released will be with your written authorization except in an extreme life-threatening event.

Judicial/Administrative Proceedings

- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order or subpoena for records.

Serious Threat

- To avert a serious threat to health or safety, we may disclose your protected information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public, including yourself.

Coroners, Medical Examiners, and Funeral Directors

- We may release health information to a coroner or medical examiner to identify a deceased person or to assist in determining cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.

Other Uses

- Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

Special Note:

In this practice, it is of utmost importance that you are treated in the most respectful manner possible, as that is a strong value we believe in and promote. If you are involved in therapy that involves more than yourself and the psychologist, we encourage you to also treat all the parties involved with the same respect that we have established this practice on. It is with appreciation that we strive to provide you with the best therapy experience you might encounter.