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NOTICE OF PRIVACY PRACTICES HIPAA and 201 CMR 17:00

This notice will go into effect on June 1, 2018.

***THIS NOTICE DESCRIBES HOW PRIVATE HEALTH CARE INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.***

UNDERSTANDING YOUR HEALTH RECORD INFORMATION

This Notice of my Privacy Practices is being given to you because federal law gives you the right to be told ahead of time about:

- How I will handle your health care information;
- What my legal duties are related to your health care information;
- What your rights are with regard to your health care information.
- A method for filing complaints about my privacy practices

When you seek a behavioral health care assessment, you give information about yourself to health care workers and staff, including myself. This information, along with the record of care you receive, is protected health information (PHI) or health care information. This information is kept in a paper form such as your medical record and in an electronic form on computers.

I may use and disclose (share) health care information for many different reasons. For some of these uses and disclosures, I will need to obtain prior written authorization (permission) from you. However, I do not need to receive prior authorization for uses and disclosures described within the following categories:

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

I may use or disclose health care information about you, to:

- **Provide you with health care treatment or services.** This includes contacting you to schedule appointments and provide test results.
- **In order to bill and collect payment for the treatment and services provided to you.** Example: A bill may be sent to you. I may also provide your health care information to outside parties (“business associates”), such as a billing company, claims processing companies, or debt collection agency.
- **For activities that are known as health care operations.** Example: These activities may include using health care information for the purpose of evaluating my performance and finding better ways to provide care. I may also share your health care information with outside parties (“business

associates”) who perform services related to your treatment on my behalf. These business associates must agree to keep your health care information private. Examples of activities that make up health care operations include legal counsel, transcription, storage, auditing, and consulting services.

ADDITIONAL USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

I may also use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I, in my professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child’s health or welfare (including sexual abuse), or from neglect, including malnutrition, I must immediately report such condition to the Massachusetts Department of Child and Family Services.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, I must immediately make a report to the Massachusetts Department of Elder Affairs.
- **Health Oversight:** The Board of Registration of Psychologists has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.
- **Legal or Administrative Proceedings:** If you are/your child is involved in a court proceeding and a request is made for information about your/your child’s diagnosis, test results, or treatment and the records thereof, such information is privileged under state law and I will not release information without written authorization for you or your/your child’s legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case. Additionally, if a client files a complaint or lawsuit against me, I may disclose relevant information regarding the patient in order to defend myself.
- **Serious Threat to Health or Safety:** If you/your child communicates to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have/your child has the apparent intent and ability to carry out the threat, I must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your/your child’s hospitalization. I must also do so if I know you have/your child has a history of physical violence and I believe there is a clear and present danger that you/your child will attempt to kill or inflict bodily injury upon an identified person. Furthermore if you/your child present(s) a clear and present danger to yourself/him or herself, and refuse(s) to accept further appropriate treatment, and I have a reasonable basis to believe that you/your child may be committed to a hospital, I must seek said commitment and may contact member of your family or other individuals if it would assist in protecting you/your child.
- **Workers Compensation:** If you file a workers’ compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer, and the Division of Workers’ Compensation.

USES AND DISCLOSURES REQUIRING AUTHORIZATION AND CONSENT

In any other situation not described above, I may use or disclose your PHI only should you give written authorization.

You may revoke any authorization at any time, provided revocation is in writing. You may not revoke an authorization to the extent that 1) I have already relied on that authorization(s); or 2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

PSYCHOLOGIST'S DUTIES TO PROTECT YOUR HEALTH INFORMATION

I am required by law to:

- Maintain the privacy of your/your child's personal health information (PHI).
- Provide you with this notice that explains my privacy practices and how, when, and why we use and/or disclose (share) your health information.
- Follow the terms of the Notice currently in effect. However, I may change my privacy policies and the terms of this Notice. Any changes after your notification and acceptance will apply to the health information I already have. Before any important policy change goes into effect, such changes will be posted on my business website. No material policy change will occur during the course of your personal assessment period unless and until I notify you in advance by a written statement, mailed to the address I have on file.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the health care practitioner or facility that compiled it and the information belongs to you. You have the right to:

- **Request Limits on Uses and Disclosures of Your Health Care Information.** You have the right to ask for restrictions on the use and disclosure (sharing) of your health care information for treatment, payment or health care operations. I will consider your request but am not legally required to accept it. If we accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that are legally required or allowed to be made.
- **The Right to ask that Your Health Care Information Be Communicated to You in a Confidential Manner.** You have the right to ask for your health care information to be sent to you in different ways. For example you may ask for me to contact you by mail rather than telephone, only call at your home rather than at work, or send your bills to an alternate address. Your request must be in writing and explain the method of contact and location where you wish to be contacted. We will try to honor your request so long as we can easily provide it in the format you request.
- **The Right to See and Obtain Copies of Your Health Care Information.** In most cases, you have the right to look at or obtain copies of your health care information that I have, but you must make the request in writing. I may deny your access to PHI under certain circumstances, and if so, I will inform you, in writing, of my reasons for the denial and explain your right to have the denial reviewed. I may offer to give you a summary or explanation of the information you requested, in lieu of reviewing the full health record. On your request, I will discuss with you the details of the request and the denial process.
- **The Right to Receive an Accounting of Disclosures (a record of when and to whom your health care information was shared without your authorization).** You have the right to obtain a list of the instances that we have shared your health care information for which you have not provided authorization. You must make this request in writing. You may request as far back as six years from the date of request. The listing you get will include the date, name, and address (if known)

of the person or organization receiving it. It will also include a brief description of the information given, a brief statement on why the information was shared, or a copy of the written request for the information. The list will not include uses or disclosures made for national security purposes or to corrections or law enforcement personnel. We have 60 days to respond to your written request. If we do not act on your request within the 60 days, we will notify you that we are extending the response time by 30 days. If we do that we will explain the delay in writing and give you a new date of when to expect a response. On your request, I will discuss with you the details of the accounting process.

- **The Right to Correct or Update your Health Information.** If you believe that there is a mistake in your health information or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. I may deny your request if the health information is: (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reasons for the denial and explain your rights to file a written statement of disagreement with the denial. If you do not file a written statement of disagreement, you have the right to request that your request and my denial be attached to all future disclosures of your health care information.

COMPLAINTS

If you are concerned that I may have violated your privacy rights, or you disagree with a decision I have made about access to your health care information, you may file a complaint with The Board of Registration of Psychologists at 617-727-9925. You also may send a written complaint to:

Office for Civil Rights - Region I Office
U.S. Department of Health and Human Services
J.F. Kennedy Federal Building – Room 1875
Boston, Massachusetts 02203

I will take no retaliatory action against you if you file a complaint about my privacy practices.