



Notice of Transitions Counseling Services' Policies and Practices to Protect the Privacy of Your Health Information

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 operation purposes with your consent. To help clarify these terms, here are some definitions:

“*PHI*” refers to information in your health care record that could identify you.

“*Treatment, Payment and Health Care Operations*”

- o -*Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider such as your family physician or another psychologist.
- o -*Payment* is when I obtain reimbursement for your healthcare. 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.
- o -*Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business related matters, such as audits and administrative services, 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.

“*Disclosure*” applies to activities outside my office, such as releasing, transferring, or providing access to information about you to other parties.

I. Uses and Disclosures Requiring Authorization

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



You may revoke all such authorizations (of PHI) 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 and the law provides the insurer the right to contest the claim under the policy.

I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

I. Uses and Disclosures with Neither Consent or Authorization

I may 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 conditions to the Massachusetts Department of Children and Families.

Abuse of Disabled Persons: If I have reasonable cause to believe that a physically and/or mentally disabled person is suffering from abuse and/or neglect, inflicted upon him or her, I must immediately make a report to the Massachusetts Department of Developmental Services.

Adult and Domestic Abuse: If I have reasonable cause to believe that an elderly person (age 50 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.

Judicial or Administrative Proceedings: If you are involved with a court proceeding and a request is made or information about your diagnosis and treatment and the records thereof, such information is privileged under state law and I will not release information without written authorization from you or your legally appointed representative, 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 communicate to me an explicit threat to kill yourself or kill another identified person or inflict or cause serious bodily injury upon an identified person and you have 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 hospitalization. I must also do so if I know you have a history of physical violence and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

Worker's Compensation: If you file a worker's compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Worker's Compensation.

When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the Massachusetts confidentiality law: This includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes related to disease or FDA-related products, or for specialized government functions such as fitness or military duty, eligibilities for VA benefits and national security and intelligence.

I. Patient's Rights and Behavioral Health Provider'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 about you. 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 you are seeing me. Upon request, I will send your bills or other correspondence to another address.

Right to Inspect and Copy: You have a 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 for which you have provided neither consent nor authorization (as described in Section III of this notice). On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy: You have a right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notes electronically.

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket: You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

Right to be Notified if There is a Breach of Your Unsecured PHI: You have a right to be notified if (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Social Worker/Mental Health Counselor'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 procedures 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 notify you in person or by mail.

I. Breach Notification

A "breach" is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule. Examples of a breach include: stolen or improperly accessed PHI; PHI inadvertently sent to the wrong provider or PHI that is "unsecured" if it is not encrypted to government standards.

A use or disclosure of PHI that violates the Privacy Rule is presumed to be a breach unless I determine there is a low probability PHI has been compromised. When I become aware of or suspect a breach, I will conduct a *Risk Assessment*. I will keep a written record of that Risk Assessment.

A **Risk Assessment** considers the following four factors to determine if PHI has been compromised:

- 1) The nature and extent of PHI involved.
- 2) To whom the PHI may have been disclosed.



- 3) Whether the PHI was actually acquired or viewed.
- 4) The extent to which the risk to the PHI has been mitigated.

If the Risk Assessment fails to demonstrate that there is a low probability that the PHI has been compromised, I will notify you that there has been a breach **if the PHI was unsecured**.

Notification will be made without unreasonable delay and within 60 days after discovery. This notice will be made to you in plain language and will include a brief description of the breach; a description of types of unsecured PHI involved; the steps you should take to protect against potential harm; a brief description of the steps I have taken to investigate the incident, mitigate harm and protect against further breaches as well as my contact information.

For breaches affecting fewer than 500 patients, I will keep a log of those breaches during the year and provide notice to HHS of all breaches during the calendar year, within 60 days after that year ends. For breaches affecting 500 patients or more, I will notify HHS immediately and send notifications to major media outlets in the area for publication purposes.

After any breach, particularly one that requires notice, I will reassess my privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

I. 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, you may contact Transitions Counseling Services, Inc. at (781) 742-4515 for further information.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at my office address noted above.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

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

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice in effect as of March 4, 2019.