



121 Coulter Avenue
Ardmore, PA 19003
484.412.8316

www.mainlinepsychiatric.com

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: November 1, 2012

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Privacy is a very important concern for all of those who come to see Dr. Taliba Foster or her Associates at Main Line Psychiatric. It is also complicated, because of federal and state laws, and our own psychiatric code of professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you will probably have to read them over several times to understand them. If you have any questions, Dr. Foster will be happy to help you understand our procedures and your rights. Her address and contact information are at the top of this form.

Contents of this notice

- A. Introduction: To our clients
- B. What we mean by your medical information
- C. Privacy and the laws about privacy
- D. How your protected health information can be used and shared
 - 1. Uses and disclosures with your consent
 - a. The basic uses and disclosures: For treatment, payment, and health care operations
 - b. Other uses and disclosures in health care
 - 2. Uses and disclosures that *require* your authorization
 - 3. Uses and disclosures that *don't require* your consent or authorization
 - a. When required by law
 - b. For law enforcement purposes
 - c. For public health activities
 - d. Relating to decedents
 - e. For specific government functions
 - 4. Uses and disclosures where you have *an opportunity to object*
 - 5. An *accounting* of disclosures we have made
- E. Your rights concerning your health information
- F. If you have questions or problems

A. Introduction: To our clients

This notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask Dr. Foster for more details.

B. What we mean by your medical information:

Each time you visit us or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from us or from others, or about payment for health care. The information we collect from you is called "**PHI,**" which stands for "**protected health information.**" This information goes into your **medical or health care records** in our office. In this office, your PHI includes information such as: your name, address, birth date, age, phone number, diagnoses, all medical and psychiatric records, and billing records.

Although your health care records in our office are our physical property, the information belongs to you. You can read your records, and if you want a copy we can make one for you (but we may charge you for the costs of copying and mailing, if you want it mailed to you). In some specific situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend (add information to) your records, although in some specific situations we don't have to agree to do that.

C. Privacy and the laws about privacy:

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your PHI private and to give you this notice about our legal duties and our privacy practices. We will obey the rules described in this notice. If we change our privacy practices, they will apply to all the PHI we keep.

D. How your protected health information can be used and shared:

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

1. Uses and disclosures with your consent

After you have read this notice, you will be asked to sign a separate **acknowledgment form** to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called “health care operations.” In other words, we need information about you and your condition to provide care to you. You have to agree to let us collect the information, use it, and share it to care for you properly. Therefore, you must sign the acknowledgment form before we begin to treat you. If you do not agree and sign the form, we cannot treat you.

a. The basic uses and disclosure: For treatment, payment, and health care operations

For treatment: We use your medical information to provide you with psychiatric and/or psychological treatments or services. These might include individual in-office psychotherapy, outdoor walking psychotherapy, psychiatric medication prescribing and management, treatment planning, or measuring the benefits of our services. We may share your PHI with others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team, we can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions. We will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them.

For payment: We may use your information to bill you, or others, so we can be paid for the treatments we provide to you. If you use insurance, we may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met your progress, and other similar things.

For health care operations: Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

b. Other uses and disclosures in Health Care

Appointment reminders: We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want us to call or e-mail you only at your home or your work, or you prefer some other way to reach you, we usually can arrange that. Let us know your preference.

Treatment alternatives: We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Research: We may use or share your PHI to do research to improve treatments. For example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you, and we will not send any information unless you sign a special authorization form.

Business associates: We occasionally hire other businesses to do some jobs for us. In the law, they are called our “business associates.” Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

2. Uses and disclosures that require your authorization

If we want to use your information for any purpose besides those described above, we need your permission on an **authorization form**. We don’t expect to need this very often, except in the extremely rare case of disclosing psychotherapy notes (see below). If you do allow us to use or disclose your PHI, you can cancel that permission in writing at any time. We would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission. **Psychotherapy Notes:** On the unlikely occasion they are requested by a third party, Dr. Foster will need to obtain an authorization from you before releasing your psychotherapy notes to anyone. Psychotherapy notes are detailed private notes that Dr. Foster has made about your conversations with her during psychotherapy sessions. These notes are kept separate from the rest of your medical record and are given a greater degree of protection than PHI. HIPAA restricts the disclosure of psychotherapy notes to anyone, even to the client himself or herself; this means that the client or patient has no legal right of access to psychotherapy notes.

3. Uses and disclosures that don’t require your consent or authorization

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when we might do this.

When required by law: Dr. Foster may use and/or disclose your PHI when existing law requires that she report information related to **abuse, neglect, or domestic violence**. Dr. Foster may disclose your PHI to appropriate authorities if she reasonably believes that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

Child abuse: Whenever Dr. Foster, in her professional capacity, has knowledge of or observes a child she knows, to have been the victim of child abuse or neglect, she must immediately report such to a police department or sheriff’s department, county probation department, or county welfare department. Also, if Dr. Foster has knowledge of or reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, she may report such to the above agencies.

Adult and domestic abuse: If Dr. Foster, in her professional capacity, has observed or has knowledge of an incident that reasonably appears to be physical and/or domestic abuse, abandonment, abduction, isolation, financial abuse or neglect of either an independent adult or an elderly or dependent adult, or if she is told by either an independent adult or an elderly or dependent adult that he or she has experienced these or if she reasonably suspects such, Dr. Foster must report the known or suspected abuse immediately to the local law enforcement agency.

Dr. Foster does not have to report such an incident told to her by an elderly or dependent adult if (a) Dr. Foster is not aware of any independent evidence that corroborates the statement that the abuse has occurred (b) the elder or dependent adult has been diagnosed with a mental illness or dementia or is the subject of a court-ordered conservatorship because of mental illness or dementia and (c) in the exercise of clinical judgment, Dr. Foster reasonably believes that the abuse did not occur.

To avert a serious threat to health or safety: Dr. Foster may use and/or disclose your PHI in order to avert a serious threat to health or safety. If you communicate to Dr. Foster a serious threat of physical violence against an identifiable victim, Dr. Foster must make reasonable efforts to communicate that information to the potential victim and the police. If Dr. Foster has reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, she may release relevant information as necessary to prevent the threatened danger.

For law enforcement purposes: We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

For public health activities: We may disclose some of your PHI to agencies that investigate diseases or injuries.

Relating to decedents: We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

For specific government functions: We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

4. Uses and disclosures where you have an opportunity to object

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you which persons you want us to tell, and what information you want us to tell them about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law. If it is an emergency, and we cannot ask if you disagree, we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve we will stop, as long as it is not against the law.

5. An accounting of disclosures we have made

When we disclose your PHI, we may keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

E. Your rights concerning your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.

2. You also have the right to ask us to limit what we tell people involved in your care or with payment for your care, such as family members and friends. We don't have to agree to your request, but if we do agree, we will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you.
4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to Dr. Foster. You must also tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this notice, we will post the new one on our website at www.happinesspsychiatrist.com, and you can always get a paper copy from Dr. Foster.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with Dr. Foster and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

F. If you have questions or problems:

If you need more information or have questions about the privacy practices described above, please speak to Dr. Foster, whose name and telephone number are listed below. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact Dr. Foster. As stated above, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain. If you have any questions or problems about this notice or our health information privacy policies, please contact Dr. Foster, who can be reached by phone at 484.412.8316 or via email at drfoster@mainlinepsychiatry.com . The effective date of this notice is November 1, 2012.