

Barney Greenspan, Ph.D.  
1500 East Heritage Park Street – Suite 125  
Meridian, ID 83646  
208 884 1205

## **IDAHO NOTICE FORM for HIPAA**

### **Notice of Dr. Greenspan's Policies and Practices to Protect the Privacy of Your Mental Health Information**

This Notice describes how psychological information about you may be used and disclosed, and how you may obtain access to this information. Please review it carefully.

I am required by law to maintain privacy of your mental health information and to give you notices of my legal duties and privacy practices with respect to your protected health information. This notice summarizes my duties and your rights concerning your protected health information, set forth more fully in 45 CFR part 164.

#### **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 operations* with your consent. To help clarify these terms, here are some definitions:

- *Use* applies to activities within my office such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- *Disclosure* applies to activities outside of my office such as releasing, transferring or providing access to information about you to other parties.
- *PHI* refers to information in your health record that could identify you.
- *Treatment* is when I provide, coordinate or manage your health care. An example would be when I consult with another health care provider such as your family physician or another psychologist.
- *Payment* is when I obtain reimbursement for your healthcare. An example is when I disclose your PHI to your health insurer to obtain reimbursement, determine eligibility and/or coverage.
- *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples include quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

#### **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment or 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. I will obtain an authorization from you before releasing this information. You may revoke all authorizations (in writing) at any time. 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; law provides the insurer the right to contest the claim under the policy.

### III. Uses and Discloses with Neither Consent nor Authorization

- *Child Abuse* – If I have reason to believe that a person under the age of eighteen (18) has been abused, abandoned and/or neglected (or a person has observed a child subjected to these conditions or circumstances), I must report this observation (or belief) to the appropriate authorities.
- *Health Oversight Activities* – If the Idaho Board of Psychological Examiners is investigating my practice, I may be required to disclose protected health information regarding you.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding, your PHI records are privileged under state law unless ordered by a judge. I will inform you in advance if this is the situation.
- *Serious Threat to Health or Safety* – If you communicate to me an explicit threat of imminent serious physical harm or death to yourself and/or to an identifiable victim (s), and I believe you may act on that threat, I have a duty to take appropriate measures to prevent harm to that person. This may include disclosing information to the police and warning the potential victim. I will disclose what I believe is the minimum amount of information necessary.
- *Worker's Compensation* – I may disclose PHI as authorized by, and to the extent necessary to comply, laws relating to Worker's Compensation that provide benefits for work-related injuries or illnesses without regard to fault.
- *Business Associate* – I will need to disclose PHI to my Executive Administrator. She performs activities involving PHI, including billing, telephone contacts, scheduling appointments as well as meeting clients in my office. My Executive Administrator is legally required to protect your health information.

### IV. Client's Rights and Psychologist's Duties

#### Client's Rights:

- *Request restrictions* – You have the right to request restrictions on certain uses and discloses of PHI. However, I am not required to agree to a restriction you request.
- *Receive confidential communications by alternative means and at alternative locations* – For example, you may not want a family member to know you are in therapy. With your written request, I will mail your bill to another address.
- *Inspect and Copy your PHI* – I may deny access to PHI under certain circumstances; you may have this decision reviewed.
- *Amend* – You have the right to request an amendment of your PHI. I may deny your request.
- *Disclosures* – You have the right to receive a history of my disclosures of your PHI.

#### Psychologist's Duties

- I am required by law to maintain the privacy of your 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 practices described in this Notice. Unless I notify you of such changes in writing, I am required to abide by the terms currently in effect.

## **V. Complaints**

If you are concerned I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the State of Idaho Bureau of Occupational Licenses, Psychologists, Joe R. Williams Building, 700 West State Street, Boise, ID 83702. You may file a complaint by notifying me. I will not retaliate because you filed a complaint.

If you have any questions about this Notice, or if you want to object or complain about any use, disclosure or exercise of any right as explained above, please contact me. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

## **VI. Effective Date, Restrictions and Changes to Privacy Policy**

I reserve the right to change the terms of the Notice of Privacy Practices at any time, and to make the new Notice provisions effective for all Protected Health Information that are maintained. You may obtain a copy of the current Notice in my reception area.

This Notice will become effective 01 August 2005.

Dr. Barney Greenspan is the Privacy Contact person for his office.

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YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE RECEIVED THE  
**IDAHO NOTICE FORM FOR HIPPA.**

PLEASE SIGN FOR MY RECORDS.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_