

EBENEZER COUNSELING SERVICES

325 EBENEZER ROAD
KNOXVILLE, TN 37923

(865) 670-0988
EBENEZERCOUNSELING.COM

131 N. CONCORD STREET
KNOXVILLE, TN 37919

PATIENT NOTIFICATION OF PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the "medical records privacy law", HIPAA provides patient protections related to electronic transmission of data ("the transaction rules"), the keeping and use of patient records ("privacy rules"), and storage and access to health care records ("the security rules").

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you don't have formal legal training. Our Patient Notification of Privacy Rights is our attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document, as it is important you know what patient protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship and as such, you will find we will do all we can do protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask us for further clarification.

By law, we are required to secure your signature indicating you have received this Patient Notification of Privacy Rights Document. Thank you for your thoughtful consideration of these matters.

Ebenezer Counseling Services

I, _____, understand and have been provided a copy of Ebenezer Counseling Services' Patient Notification of Privacy Rights Document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand I have the right to review this document before signing this acknowledgment form.

Patient Signature or Parent if Minor or Legal Charge

Date

If Legal Charge, describe representative authority: _____

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THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

I. Preamble

The Psychology, Social Work, and Professional Counseling Licensing Laws provide extremely strong privileged communication protections for conversations between your Psychologist/therapist and you in the context of your established professional relationship with your Psychologist/therapist. There is a difference between privileged conversations and documentation in your mental health records. Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information is to be included in your "designated medical record" as well as some material, known as "Psychotherapy Notes" which is not accessible to insurance companies and other third-party reviewers and in some cases, not to the patient himself/herself.

HIPAA provides privacy protections about your personal health information, which is called "protected health information" which could personally identify you. PHI consists of three (3) components: *treatment, payment, and health care operations*.

Treatment refers to activities in which we provide, coordinate or manage your mental health care or other services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your medication or overall medical condition.

Payment is when we obtain reimbursement for your mental health care. The clearest example of this parameter is filing insurance on your behalf to help pay for some of the costs of the mental health services provided you.

Health care operations are activities related to the performance of our practice such as quality assurance. In mental health care, the best example of health care operations is when utilization review occurs, a process in which your insurance company reviews our work together to see if your care is "really medically necessary."

The *use* of your protected health information refers to activities our office conducts for filing your claims, scheduling appointments, keeping records and other tasks *within* our office related to your care. *Disclosures* refers to activities you authorize which occur *outside* our office such as the sending of your protected health information to other parties (i.e., your primary care physician, the school your child attends).

II. Uses and Disclosures of Protected Health Information Requiring Authorization

Tennessee requires authorization and consent for treatment, payment and healthcare

operations. HIPAA does nothing to change this requirement by law in Tennessee. ECS may disclose PHI for the purposes of treatment, payment and healthcare operations with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations, authorizing us to provide treatment and to conduct administrative steps associated with your care (i.e., file insurance for you). We never release any information of any sort for marketing purposes.

Additionally, if you ever want us to send any of your protected health information of any sort to anyone outside our office, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon request or it can be downloaded and printed from our website at ebenezercounseling.com. The requirement of your signing an additional authorization form is an added protection to help insure your protected health information is kept strictly confidential. An example of this type of release of information might be your request that we talk to your child's school teacher about his/her ADHD condition and what this teacher might do to be of help to your child. Before we talk to that teacher, you will have first signed the proper authorization for us to do so.

There is a third, special authorization provision potentially relevant to the privacy of your records: our psychotherapy notes. In recognition of the importance of the confidentiality of conversations between psychologist/therapist-patient in treatment settings, HIPAA permits but does not require keeping "psychotherapy notes" separate from the overall "designated medical record". "Psychotherapy notes" cannot be secured by insurance companies nor can they insist upon their release for payment of services. "Psychotherapy notes" are *our* notes "recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session and that are separated from the rest of the individual's medical record." "Psychotherapy notes" are necessarily more private and may contain more personal information about you, hence, the need for increased security of the notes. "Psychotherapy notes" are not the same as your "progress notes" which provide basic information about your care each time you have an appointment. Progress notes include, but are not limited to, medication prescriptions and monitoring, assessment/treatment start and stop times, the modalities of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date. Your therapist is not required to make separate "psychotherapy notes," but is required to keep progress notes.

Certain payors of care, such as Medicare and Workers Compensation, require the release of both your progress notes and your psychotherapy notes in order to pay for your care. If we are forced to submit your psychotherapy notes in addition to your progress notes for reimbursement for services rendered, we will ask you to sign an additional authorization directing us to release our psychotherapy notes. Most of the time, we will be able to limit reviews of your protected health information to only your "designated record set" which includes the following: all identifying paperwork you completed when you first started your care here, all billing information, a summary of our first appointment, your mental status, any individualized, comprehensive treatment plan, any discharge summary, progress notes, reviews of your care by managed care companies, results of psychological testing, and any authorization letters or summarizes of care you have authorized us to release on your behalf. Please note that the actual test questions or raw data of psychological tests, which are protected by copyright laws and the need to protect patients from unintended, potentially harmful use, are not part of your "designated mental health record."

You may, in writing, revoke all authorizations to disclose protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed us to do or if the authorization was obtained as a condition for obtaining insurance and Tennessee law provides the insurer the right to contest the claim under the policy.

III. Business Associates Disclosures

HIPAA requires that we train and monitor the conduct of those performing ancillary administrative services for our practice and refers to these people as "Business Associates." Examples of "business associates" related to our office are the cleaning crews, collection agency, and our accountant. In compliance with HIPAA, we have signed a formal contract with these and other business associates emphasizing the importance of them protecting your protected health information as an absolute condition for association with us.

Our office staff, though not technically "business associates" because they are employees of ECS, provide services such as filing, making phone calls, scheduling, and filing insurance claims which puts them into limited contact with your protected health information. Our office staff is not authorized to view your designated medical record that contains the particulars of your mental health concerns; ONLY therapists have access to your full designated mental health record as we have purposefully separated your administrative and clinical records in an attempt to further enhance your privacy.

IV. Uses and Disclosures Not Requiring Consent nor Authorization

By law, protected health information *may* be released without your consent or authorization for the following reasons:

- Child abuse
- Suspected sexual abuse of a child
- Adult and domestic abuse
- Suspicion of Terrorist Activities (Patriot Act)
- Health oversight activities (i.e., Tennessee licensing boards)
- Judicial or administrative proceedings (i.e., court order)
- Serious threat to health or safety of yourself or other
- Workers Compensation claims (if you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/or insurer(s))

V. Patient's Rights and Our Duties

You have a right to the following:

- *The right to request restrictions* on certain uses and disclosures of your protected health information which we may or may not agree to, but if we do, such restrictions shall apply unless our agreement is changed in writing;
- *The right to receive confidential communications by alternative means and at alternative locations.* For example, you may not want your bills sent to your home address so we will send them to another location of your choosing;
- *The right to inspect and receive a copy* of your protected health information in our designated mental health record set and any billing records for as long as protected health information is maintained in the record;

- *The right to amend* material in your protected health information, although we may deny an improper request and/or respond to any amendment(s) you make to your record of care.
- *The right to an accounting of non-authorized disclosures* of your protected health information;
- *The right to a paper copy* of notices/information from us, even if you have previously requested electronic transmission of notices/information; and
- *The right to revoke your authorization* of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask for further assistance on these matters. We are required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and our duties regarding your PHI. We reserve the right to change our privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of our policies when you come for your future appointment(s). Our duties as Psychologist/therapist on these matters include maintaining the privacy of your protected health information, to provide you this notice of your rights and our privacy practices with respect to your PHI, and to abide by the terms of this notice unless it is changed and you are so notified. If for some reason you desire a copy of our internal policies for executing privacy practices, please let us know and we will get you a copy of these documents we keep on file for training and auditing purposes.

VI. Complaints

James T. Berry is the appointed "Privacy Officer" for this practice per HIPAA regulations. If you have any concern of any sort that this office may have somehow compromised your privacy rights, please do not hesitate to speak to us immediately about this matter. You will always find us willing to talk to you about preserving the privacy of your protected mental health information. You may also send a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights, 61 Forsyth Street, SW, Suite 16T70, Atlanta, GA 30303-8909. You may also obtain information for filing a complaint at the DHHS website, www.hhs.gov.

VII. This notice originally went into effect April 14, 2003 and remains so unless new notice provisions for protected health information are enacted.