

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

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. We are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your personal health information. Please review this notice carefully.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Kama'aina Counseling Services may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. To clarify these terms, here are some definitions:

PHI: refers to information in your health record that could identify you.

Treatment: is when the doctor provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when the doctor consults with another health care provider, such as your family physician or another psychologist.

Payment: is when the doctor obtains reimbursement for your healthcare. Examples of payment are when the doctors discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations: are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

Use: applies to only activities within the doctor's office such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

Disclosure: applies to activities outside of the doctor's office such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

The doctor 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. In those instances when the doctor is asked for information for purposes outside of treatment, payment or health care operations, the doctor will obtain an authorization from you before releasing this information. The doctor will also need to obtain an authorization before releasing your Psychotherapy Notes. "*Psychotherapy Notes*" are notes the doctor has made about you and the doctor's conversation during a private, group, joining, or family counseling session, which the doctor has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the doctor 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 Disclosures with Neither Consent nor Authorization

The doctor may use or disclose PHI without your consent or authorization in the following circumstances:

Child abuse: If the doctor has reason to believe that child abuse or neglect has occurred or that there exists a substantial risk that child abuse or neglect may occur in the reasonably foreseeable future, the doctor must immediately report the matter to the appropriate authority.

Adult and Domestic Abuse: If the doctor, in the performance of their professional or official duties, know or have reason to believe that a dependent adult has been abused and is threatened with imminent abuse, the doctor must promptly report the matter to the appropriate authority.

Health Oversight Activities: If the Hawaii Board of Psychology is investigating the doctor's competency, license or practice, the doctor may be required to disclose protected health information regarding you.

Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the counseling or psychotherapy services provided to you, and/or the records thereof such information is privileged under Hawaii law, the doctor shall not release information without the written authorization of you or your 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. The doctor shall inform you in advance if this is the case.

Serious Threat to Health or Safety: The doctor may disclose protected health information regarding you where there is a clear and imminent danger to you or another individual or to society, and then only to appropriate professional workers or public authorities. If you are at risk, the doctor may also contact family members or others who could assist in providing protection.

Worker's Compensation: If you have filed a worker's compensation claim, the doctor may be required to disclose PHI about any services the doctor has provided to you and that are relevant to the claimed inquiry.

IV. Patient's Rights and Psychologist'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. However, the doctor is not required to agree to a restriction of your request.

Right to Receive Confidential Communication 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 that you are seeing the doctor. On your request, the doctor will send your bills to another address.) We will obtain such requests that are reasonable and will not request an explanation by you.

Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI. On your request, the doctor will discuss with you the details of the accounting process.

Right to Inspect and Copy: You have the right to inspect and/or obtain a copy of your PHI in the doctor's mental health and billing records used to make decisions about you for as long as the PHI

is maintained in the record. The doctor may deny you access to PHI under certain circumstances, such as when a health care professional believes access may cause harm to the individual or another person. In such situations, the individual will be given the right to have such denials reviewed by a licensed health care professional for a second opinion. Upon your request the doctor will discuss the details of the request and denial process. Covered entities may impose reasonable, cost-based fees for the cost of copying and postage.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The doctor may deny your request. On your request the doctor will discuss with you the details of the amendment process.

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

Psychologist's Duties

The doctor is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.

The doctor reserve the right to change the privacy policies and practices described in this notice. Unless the doctor notifies you of such changes, however, the doctor is required to abide by the terms currently in effect.

If the doctor revises the policies and procedures, the doctor will provide you with written notice by hand or mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision the doctor has made about access to your records, or have other concerns about your privacy rights, you may contact the doctor at the office.

If you believe that your privacy rights have been violated and wish to file a complaint with your doctor, you may send your written complaint to the doctor's office.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services of Civil Rights 200 Independence Avenue SW Room 509 HHH Building Washington DC 20201.

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

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

This notice will go into effect on the date signed below. The doctor reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that the doctor maintains. The doctor will provide you with a revised notice by hand or mail.