

## **Notice of Policies and Practices to Protect the Privacy of Your Health Information**

**PLEASE REVIEW THIS NOTICE CAREFULLY AS IT DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU, OBTAINED AND DOCUMENTED OVER THE COURSE OF YOUR EVALUATION AND/OR TREATMENT WITH ME MAY BE USED AND DISCLOSED. AND IT DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

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

“*PHI*” or protected health information refers to information in your health record that could identify you and may include medical and psychiatric symptom and treatment history, along with symptoms and problems you present for evaluation and/or treatment, also mental status or behavior observations and assessment-test results and diagnostic conclusions with treatment plan along with information and measures pertaining to treatment progress. PHI is documented in evaluation reports and/or treatment progress notes according to the HIPPA *minimal necessary* standard.

“*Treatment, Payment and Health Care Operations*”

– *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.

- *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.

- *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, and case management and care coordination.

“*Use*” applies only to activities within my practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

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

### **II. 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 for purposes outside of treatment, payment

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and health care operations, I will obtain an authorization from you before releasing this information. You may revoke all such authorizations 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.

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

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

**Serious Threat to Health or Safety:** I may disclose your confidential mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

**Child Abuse:** If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.

**Adult and Domestic Abuse:** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.

**WA L&I or Self-Insured Worker's Compensation or WA Crime Victims' Compensation:** If you as an injured worker sign an L&I "Report of Industrial Injury or Occupational Disease" form or Self-Insurer "Physician's Initial Report" or "Self-Insurer Accident Report" and so file a Worker's Compensation work injury claim and/or file an application to reopen an old work injury claim and receive benefits you have authorized any providers who may end up treating you under the claim to release your PHI as needed. The same HIPPA PHI privacy and disclosure exemptions apply if I am providing you psychological or neuropsychological services under a WA Crime Victims' Compensation (CVC) claim (with CVC funding). Therefore without any authorization (specific written consent) from you if I am evaluating and/or treating you with L&I or Self-Insurer Worker's Comp or CVC funding I am required by Washington State law to disclose your PHI to administrators and professionals involved in the processing and management of your injury and claim. For Worker's Comp cases, that would include your Claims Manager(s) and could include Nurse Case Managers, Vocational Rehabilitation Counselors, and Independent Medical Examiners assisting with your claim. I may even be required to release information which may appear unrelated to your claim, e.g. if I am treating you for a condition unrelated to your claim but which is established as retarding your recovery or if it is contended that your work injury has aggravated the condition. And because your Workers' Comp/L&I or CVS claim and related evaluation and/or treatment with me is subject to litigation, because your PHI may be used for medical-legal determinations, the level of detail or extent of information necessarily included in your PHI is greater than what applies per the HIPPA *minimal necessary* standard. While I will as much as possible limit documentation in your file to medical and psychiatric symptom and treatment history, along with symptoms and problems you present for evaluation and/or treatment, mental status or behavior observations and assessment-test results and diagnostic conclusions with treatment plan and information and measures pertaining to treatment progress, by law HIPPA's *minimal necessary* standard does

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not apply to WA Workers' Comp or Crime Victims' compensation claims. You cannot compel me to restrict PHI disclosures requested by your Claim Administrator because such disclosures are required by Washington State law and exempt from the HIPPA Privacy Rule.

**Judicial or Legal Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative unless I receive a Judge-issued court order or a warrant or subpoena issued by a Grand Jury. While such orders will compel me to release your records with or without your authorization, a subpoena simply signed and issued by a lawyer, prosecutor, or court clerk will not compel disclosure but rather compel me to contact the lawyer seeking the information and explain that I will not be releasing any information without your consent and written authorization. When I receive an order or subpoena requesting release of your records and whether such legal demand does or does not compel me to release your records, my office will make every effort to contact you to assure that you are informed; and if the legal demand does not compel me to release your records, give you the opportunity to provide your authorization for the release if you wish to do so.

**Release of Neuropsychological or Psychological Test Results and Test Materials -**  
As part of any records release, even with your written authorization and/or order, warrant, or subpoena issued by a Judge or Grand Jury, I will assert privilege pertaining to (oppose releasing) any neuropsychological or psychological test materials or raw test data which may be part of your file unless it is stipulated that this part of your file be directly and specifically released to a Court-designated Psychologist (this stipulation in keeping with my ethical and state law obligation to protect the integrity and security of test information; part of my commitment to help prevent any public dissemination of test content which could render tests invalid for a patient who may have been exposed to it prior to being tested, also part of my contractual agreements with test publishers and copyright laws to guard against test misuse).

**Health Oversight:** If the Washington Examining Board of Psychology subpoenas me as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, I must comply with its orders. This could include disclosing your relevant mental health information.

## **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 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 that you are seeing me. Upon your request, I will send your bills to another address.)

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*Right to Inspect and Copy* – You have the right to inspect and/or obtain a copy 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, with the exception of your raw test data or test materials or protocols pertaining to your evaluation and in your records file for the reasons stated above, policy on *Release of Neuropsychological or Psychological Test Results and Test Materials*. With your written request however, I will release test data and materials or protocols from your file, that part of your PHI to another neuropsychologist or qualified psychologist you designate to directly receive and review and interpret the data on your behalf. I may also deny your access to other PHI under certain circumstances and in most cases on your request I will be able to review with you the reasons for the denial.

*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 neither provided 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.

**Psychologist’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. This Privacy Notice and the terms as stated in these pages are in effect as of January 21, 2019. I may revise my privacy terms and this Notice in the future in keeping with any privacy or privileged communication revisions in the law. But unless I notify you of any such revision, I am required to abide by the terms currently in effect, this Notice.

**V. Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, please contact me at my business address.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Ave. SW, Washington, D.C. 20201 (877-696-6775).

**I (Print Name: \_\_\_\_\_ ) HAVE READ AND UNDERSTOOD**

**THIS NOTICE, THIS FOURTH PAGE AND ALL THREE PRECEDING PAGES.**

**I HAVE BEEN OFFERED A COPY AND HAVE \_\_\_\_ ACCEPTED OR \_\_\_\_DECLINED.**

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date