

## **NEW MEXICO NOTICE FORM**

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

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

The Samaritan Counseling Center (The Center) 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*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
  - *Treatment* is when The Center provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when The Center obtains reimbursement for your healthcare. Examples of payment are when The Center 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 our 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 The Center such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of The Center, such as releasing, transferring, or providing access to information about you to other parties.

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

The Center 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 your therapist is asked for information for purposes outside of treatment, payment and health care operations, The Center will obtain an authorization from you before releasing this information. The Center will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your therapist has made about your conversation during a private, group, joint, or family counseling session, which have been kept separate from the rest of your psychological 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 Center has 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

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

- **Child Abuse:** In certain circumstances, your therapist is required to report child abuse in a variety of forms, including neglect, to (1) a local law enforcement agency; (2) the office of the Department of Child, Youth and Family Services in the county where the child resides; or (3) tribal law enforcement or social services agencies for any Indian child residing in Indian country.
- **Adult and Domestic Abuse:** If your therapist has reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited, they must immediately report that information to the Department of Child, Youth and Family Services.
- **Health Oversight:** If the New Mexico Board of Psychology is conducting an investigation, The Center is required to disclose your mental health records upon receipt of a subpoena from the Board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and The Center may not release information without written authorization from you or your personal or 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. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** When your therapist judges that a disclosure of confidential information is necessary to protect against a substantial and imminent risk that you will inflict serious harm on yourself or another person, your therapist has a duty to report this information to the appropriate people who would address such a risk (for example, the police or the potential victim).

- **Worker's Compensation:** When a claim is filed, your therapist is required by law to release those records that are directly related to any injuries or disabilities claimed by you (for which you are receiving benefits from your employer) to you, your employer, your employer's insurer, a peer review organization or the health care selection board.

#### IV. Patient's Rights and Therapist'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, The Center is 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 being seen at The Center. Upon your request, The Center will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in The Center's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The Center may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, The Center will discuss with you the details of the request and denial process.
- *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 Center may deny your request. On your request, The Center 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, The Center will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the Notice from The Center upon request, even if you have agreed to receive the notice electronically.

##### Therapist's Duties:

- The Center is required by law to maintain the privacy of PHI and to provide you with a notice of The Center's legal duties and privacy practices with respect to PHI.
- The Center reserves the right to change the privacy policies and practices described in this notice. Unless The Center notifies you of such changes, however, The Center is required to abide by the terms currently in effect.

- If The Center revises their policies and procedures, The Center will mail you a revised notice. A copy will also be posted in the office.

V. Complaints

If you are concerned that The Center has violated your privacy rights, or you disagree with a decision The Center made about access to your records, you may contact Dr. Sarah Brennan or Arlene Harmon at (505) 842-5300.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

The Center reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that The Center maintains. The Center will provide you with a revised notice by mail.

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Client Signature

\_\_\_\_\_  
Date

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Parent or Guardian Signature  
if client in under 18

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Relation to client