

- ◆ Right to an Accounting—You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- ◆ Right to a Paper Copy—You have the right to request a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

#### **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.
- ◆ I reserve the right to change the privacy policies and practices as described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- ◆ If I revise my policies and procedures, I will send you a revised notice or make one available to you at your next appointment time.

#### **V. Questions and Complaints**

If you have questions about this notice, disagree with the decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at my office number.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at 5301 N Trenholm Rd., Ste.,C, Columbia, SC 29206.

You may also send a written complaint to the Secretary of the US Dept of Health & Human Services. I can provide you with the appropriate address on request.

You have specific rights under the privacy rule. I 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 April 4, 2003.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail or at the time of your next appointment.



*Lisa Smith Klohn, PhD*

*Licensed Clinical Psychologist*

*5301 N Trenholm Road, Ste C*

*Columbia, SC 29206*

*803-787-7889*

## South Carolina Notice Form

### **Notice of Psychologists' Policies & 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**

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** refers to information in your health record that could identify you.
- ◆ **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 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.

## 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 a 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, and health care operations, I will obtain authorization from you before releasing this information.

You may revoke all such authorizations of PHI 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:

- ◆ **Child Abuse:** When in my professional capacity, I have received information which gives me reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect, I must report such to the county Department of Social Services, or to a law enforcement agency in the county where the child resides or is found. If I have received information in my professional capacity which gives me reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child's welfare, but I believe that the act or omission was committed by a person other than the parent, guardian or other person responsible for the child's welfare, I must make a report to the appropriate law enforcement agency.
- ◆ **Adult and Domestic Abuse:** If I have reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited, I must report the incident within 24 hours or the next business day to the Adult Protective Services Program. I may also report directly to law enforcement personnel.
- ◆ **Health Oversight:** The SC Board of Examiners in Psychology has the power, if necessary, to subpoena my records. I am then required to submit to them those records relevant to their inquiry.
- ◆ **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release information without your written consent 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:** If you communicate to me the intention to commit a crime or harm yourself, I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. In this situation, I must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.
- ◆ **Workers' Compensation:** If you file a workers' compensation claim, I am required by law to provide all existing information compiled by me pertaining to the claim to your employer, the insurance carrier, their attorneys, the SC Workers' Compensation Commission or you.

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

- ◆ **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.
- ◆ **Right to Inspect and Copy—**You have the right to inspect or obtain a copy (or both) 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. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I 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. I may deny your request. On request, I will discuss the details of the amendment process.