



Valliere & Counseling Associates, Inc.

Forensic Treatment Services

Pennsylvania Notice Form

Notice of Psychologist's 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.

It is our legal duty to safeguard your protected health information (PHI).

The PHI constitutes information created or noted by us that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. We are required to provide you with this notice about our privacy procedures. This notice must explain when, why, and how we would use and/or disclose your PHI. Use of PHI means when we share, apply, utilize, examine, or analyze information within our practice; PHI is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside this practice. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, we are always legally required to follow the privacy practices described in this notice.

Please note that we reserve the right to change the terms of this notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with us. Before we make any important changes to our policies, we will immediately change this notice and post a new copy of it in our offices and on our Web site. You may also request a copy of this notice from us, or you can view a copy of it in our offices or on our Web site, which is located at www.vallierecounseling.com.

Uses and Disclosures Requiring Authorization

Valliere & Counseling Associates, Inc. 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 disclosure. In those instances when Valliere & Counseling Associates, Inc. is asked for information for purposes outside of treatment, payment and health care operations, the Practice will obtain an authorization from you before releasing this information.

The Practice will also need to obtain an authorization before releasing your psychotherapy notes “*Psychotherapy notes*” are notes the Practice made about our conservation during private, group, joint, or family counseling session, which Valliere & Counseling Associates, Inc. has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

We will also obtain an authorization from you before using or disclosing PHI in any way that is not described in this Notice.

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) Valliere & Counseling Associates, Inc. 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.

Uses and Disclosures Requiring neither Consent nor Authorization

We may use and disclose your PHI without your consent for the following reasons. *You must specifically prohibit or refuse disclosure in the following circumstances in writing and you assume the consequences (financial, legal, health) with prohibiting disclosure.*

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent

- 1. For treatment:** We can use your PHI within our practice to provide you with mental health treatment, including discussing or sharing your PHI with our trainees and interns. We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, we may disclose your PHI in order to coordinate your care.
- 2. For health care operations:** We may disclose your PHI to facilitate the efficient and correct operation of our practice. We might use your PHI in the evaluation of the quality of health care services that you have received. We may also provide your PHI to our attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws.
- 3. To obtain payment for treatment:** We may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. Example: We might send your PHI to your insurance company or health plan in order to get payment for the health care services that we have provided to you. We could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for our office.
- 4. Other disclosures:** Examples: Your consent is **NOT** required if you need emergency treatment provided that we attempt to get your consent after treatment is rendered. In the event that we try to get your consent but you are unable to communicate with us (for example unconscious or in severe pain) but we think that you would consent to such treatment if you could, we may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent

We may use and/or disclose your PHI without your consent or authorization for the following reasons:

- 1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement** Example: We may make a disclosure to the appropriate officials when a law requires us to report information to government agencies, law enforcement personnel, and/or in an administrative proceeding.

2. *If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.*
3. *If disclosure is required by a search warrant lawfully issued to a government law enforcement agency.*
4. *If disclosure is compelled by the patient or the patient's representative pursuant to health and safety codes or to corresponding federal statutes of regulations* (such as the privacy rule that requires this notice).
5. *To avoid harm.* We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to meds).
6. *If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and we determine that disclosure is necessary to prevent the threatened danger.*
7. *If disclosure is mandated by Child Abuse and Neglect Reporting Laws.* For example, if we have a reasonable suspicion of child abuse or neglect.
8. *If disclosure is mandated by Elder/Dependent Adult Abuse Reporting Laws.* For example, if we have a reasonable suspicion of elder abuse or dependent adult abuse.
9. *If disclosure is compelled or permitted by the fact that you tell us of a serious/imminent threat of physical violence by you against a reasonable identifiable victim or victims.*
10. *For public health activities.* Example: In the event of your death, if a disclosure is permitted or compelled, we may need to give the county coroner information about you.
11. *For health oversight activities.* Example: We may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
12. *For specific government functions.* Example: We may disclose PHI of military personnel and veterans under certain circumstances. Also, we may disclose PHI in the interests of national security, such as protecting the president of the United States or assisting with intelligence operations.
13. *For research purposes.* In certain circumstances, we may provide PHI in order to conduct medical research.
14. *For Workers' Compensation purposes.* We may provide PHI in order to comply with Workers' Compensation laws.
15. *Appointment reminders and health-related benefits or services.* Examples: We may use PHI to provide appointment reminders. We may use PHI to give you information about alternative treatment options or other health care services or benefits we offer.

16. *If an arbitrator or arbitration panel compels disclosure*: when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
17. *If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law*. Example: When compelled by U.S. Secretary of HHS to investigate or assess our compliance with HIPAA regulations.
18. *If disclosure is otherwise specifically required by law*.

Patient's Rights

You are afforded a number of rights under the law related to your PHI and your records. These include:

- *Right to Request Restrictions*- You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Valliere & Counseling Associates, Inc. is required to agree to a restriction you request.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket*- You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for Valliere & Counseling Associates, Inc. services.
- *Right to Inspect and Copy*- You have the right to inspect or obtain a copy (or both) in the Practice's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Valliere & Counseling Associates, Inc. may deny your access to PHI under certain circumstances, but in some cases, you may have the decision reviewed. On your request, the Practice 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. Valliere & Counseling Associates, Inc. may deny your request, the Practice 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 Practice will discuss with you the details of the accounting process.
- *Right to Paper Copy*- You have the right to obtain a paper copy of the notice from Valliere & Counseling Associates, Inc., even if you have agreed to receive the notice electronically.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI*- You have the right to be notified if (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.
 1. When Valliere & Counseling Associates, Inc. becomes aware of or suspects a breach, the Practice will conduct a Risk Assessment. The Practice will keep a written record of that Risk Assessment.
 2. Unless Valliere & Counseling Associates, Inc. determines that there is a low probability that PHI has been compromised; the Practice will give notice of that breach.
 3. The risk assessment can be done by a business associate if it was involved in the breach. While the business associate will conduct a risk assessment of a breach of PHI in its control, the Practice will provide any required notice to patients and HHS.

4. After any breach, particularly one that requires notice, the Practice will re-assess its privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

V. Questions and Complaints

If you have questions about this Notice, disagree with a decision the Practice has made about access to your records, or have other concerns about your privacy rights, you may contact Dr. Veronique N. Valliere, President, at (610)-530-8392. If you believe that your privacy rights have been violated and wish to file a complaint with Valliere & Counseling Associates, Inc. you may send your written complaint to,

Dr. Veronique Valliere
P.O. Box 864
Fogelsville, PA 18051

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services of the State Licensing Board of Psychology. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. Valliere & Counseling Associates, Inc. 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 July 1st, 2013; revised May 27, 2015

