



5930 E Pima Street Suite 138, Tucson AZ 85712 . phone 520-441-4006 . fax 855-249-5320

## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT THE IDENTIFIED PATIENT (YOU OR YOUR CHILD) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When the word “you” is used below, it can refer to you specifically or to your child (whomever is the identified patient).

### Understanding your Neuropsychological/Psychological Health Record Information

Each time you visit this office (or the office of any other “healthcare provider”), a record is made of your visit. Typically, this record contains information about your developmental or health history, current or past symptoms, assessments and assessment results, diagnostic impression, treatment recommendations, and information about payment for care. This information is called *Protected Health Information (PHI)* and it is contained within your medical record or file at the office.

Your medical record serves as a means of communication between healthcare providers who contribute to your care, a basis for planning future care and treatment, a means of verifying that services billed for were provided, a tool for assessing whether care provided was appropriate, and a legal document describing the care received.

Understanding what is in your health care records and how that information is used can help you ensure its accuracy and completeness, understand how it can be accessed, and make informed decisions regarding authorization of disclosure to others.

### Your Rights under the Federal Privacy Standard

Your health records are the physical property of the provider who completed them, but you have certain rights with regard to the information contained therein. These are summarized below:

- You have the right to request restriction on the uses and disclosures of your health information for treatment, payment and health care operations. Healthcare operations consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under 164.502(a)(2)(i) (disclosures to you), 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include those required by law, such as mandatory suspected child abuse reporting. In those cases, you do not have the right to request restriction. Even in those cases in which you do have the right to *request* restriction, we do not have to agree to the restriction. If we do, however, we will adhere to it unless you request otherwise or we give you advance notice.
- You have the right to ask us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the alternate communication request.
- You have the right to receive and keep a copy of this notice of information practices. The law requires us to ask you to acknowledge receipt of your copy.
- You have the right to inspect and copy your health information upon request. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have the right of access to the following:
  - Treatment notes, process notes, psychotherapy notes. Such notes comprise those recorded in any medium that capture provider impressions about you, contain details of conversations considered to be inappropriate for the medical record or contain sensitive information relevant to no one other than the provider.
  - Information compiled in reasonable anticipation of or for use in civil, criminal or administrative actions or proceedings.
  - Information that was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonable likely to reveal the source of the informant.
- In other situations we may deny you access but, if we do, we must provide you with a review of the decision denying process. There reviewable grounds for denial include:

- When a licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
- When the Personal Healthcare Information makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by the individual person's representative and a licensed healthcare provider has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

For these reviewable grounds, within 60 days another licensed professional must review our decision to deny access. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

- You have the right to request amendment/correction of your health information. We do not have the right to grant the request if:
  - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.
  - The records are not available to you as discussed immediately above.
  - The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut) and how you can complain to the Department of Health and Human Services. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to me that you want to receive the corrected information.

- You have the right to obtain an accounting of non-routine uses and disclosures, those other than for treatment, payment and healthcare operations, or of protected health information about them. We do not need to provide an accounting for disclosures:
  - to you
  - authorized by you
  - for national Security or intelligence purposes under ‘164.512(k)92)(disclosures not requiring consent, authorization or an opportunity to object)
  - to correction institutions or law enforcement officials under ‘164.512(k)(5) (disclosures not requiring consent, authorization or an opportunity to object)

We must provide the accounting with 60 days. The accounting must include: (1) date of each disclosure, (2) name and address of the organization or person who received the protected health information, (3) brief description of the information disclosed, (4) brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such a statement, a copy of your written authorization, or a copy of the written request for disclosure.

- The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.
- You have the right to revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.

#### OUR RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to:

- Maintain the privacy of your health information, including implementation of reasonable and appropriate physical, administrative and technical safeguards to protect the information.
- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- Abide by the terms of this notice.

- Mitigate (lessen the harm of) any breach of privacy/confidentiality

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS YOU HAVE SUPPLIED.

**We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.**

Your signature on this page indicates you have been provided a copy of this policy (all 5 pages, including this one) to review and maintain as desired, and that you have had the opportunity to review this policy prior to consenting to receive services from A-Z Neuropsychology, LLC.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian or Authorized Surrogate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Providing Consent

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date