# MASSACHUSETTS NOTICE FORM

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

This notice describes how psychological and medical information may be used and disclosed and 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*. *PHI"* refers to information in your health record that could identify you. For example, *to* obtain *payment* or to determine eligibility or coverage from your health insurer, I must disclose your PHI to obtain reimbursement. In addition, I may disclose your PHI for health care operations related to business matters, such as audits, administrative services, case management and care coordination

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes beyond the general consent that permits only specific disclosures (see above) when your written authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I need to obtain an authorization before releasing psychotherapy notes. 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) 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:** If I, in my professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse (or I suspect a risk of harm to the child's health or welfare) I must immediately report this to the Massachusetts Department of Social Services.
- **Adult & Domestic Abuse:** If I have reasonable cause to believe that a person age 60 or older is suffering from or died from abuse, I must immediately make a report to the MA Department of Elder Affairs.
- **Health Oversight:** The Board of Registration of Psychologists has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.
- **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, such information is privileged under state law and I will not release information without written authorization from you or your 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:** If you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, I must take reasonable precautions, which may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. I must also do so if I know you have a history of violence and I believe there is danger that you will attempt to kill or inflict bodily injury upon an identified person. Moreover, if you present a danger to yourself and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.
- **Worker's Compensation:** If you file a workers' compensation claim, your records will not be confidential to entities such as your employer, the insurer and the Division of Worker's Compensation.

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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; however, I'm not required to agree to this restriction.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You may request and receive confidential communications by alternative means or locations; e.g., you may request I send your bills to another address because of privacy concerns.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI, notes 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 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.
- *Right to a Paper Copy* – You have the right to obtain 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 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 give you written notice in my office.

V. Complaints

- If you have questions about this notice, disagree with a decision I make about assess to your records, or have other concerns about the privacy of your rights, you may contact me at 617-497-9027 for further information.
- If you believe your privacy rights have been violated or you disagree with a decision I made about access to your records, you may send your complaint to me at: 22 Hilliard St, Cambridge MA 02138.
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon 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 was effective in 2004. 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 in my office.