

## Notice of Privacy Policies

This for describes the confidentiality of your (your child's) medical records, how the information is used, your (your child's) rights, and how you may obtain this information.

### **Legal Duties**

State and Federal law require that your (your child's) medical records are kept private. Such laws require that you are provided with this notice informing you of the privacy of information policies, your rights, and our duties. Parenting On Call – Dr. Wilson is required to abide by these policies until replaced or revised. Parenting On Call has the right to revise our policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place. The contents of material disclosed in an intake evaluation or therapy session are covered by the laws as private information. We respect the privacy of the information provided, and we abide by ethical and legal requirements of confidentiality and privacy of records.

### **Use of Information**

Information about you (or your child) will be used for diagnosis, treatment planning, treatment, and continuity of care. Both verbal and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of this office not to release any information without a signed release **except** in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

### ***Duty to Warn and Protect***

When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. Cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client. In addition, the professional may take other protective actions, including establishing and undertaking a treatment plan that is calculated to eliminate the possibility that the client will carry out the threat, such as seeking hospitalization of the client.

### ***Public Safety***

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

### ***Abuse***

As a **mandated reporter**, there are situations in which Dr. Wilson is legally obligated to take action. When deemed necessary to attempt to protect others from harm, information about treatment may be revealed. These situations are unusual but possible:

- If it is known or there is reason to suspect that a child has been or is in immediate danger of being mentally or physically abused or neglected, the law requires that a report be filed with the appropriate governmental agency, usually the Child Protective Services Division of the Department of Human Services. Once such report is filed, additional information may be required.
- If there is substantial cause to believe that an adult is in need of protective services because of abuse, neglect or exploitation by someone other than our client, the law requires that a report be filed with the appropriate governmental agency, usually the Department of Human Services. Once such a report is filed, we may be required to provide additional information.

### ***Judicial or Administrative Proceedings***

Health care professionals are required to release records of clients when a court order has been placed. In the event of a court order, only the minimally acceptable amount of information will be revealed. Additionally, if a client files a professional complaint or lawsuit; relevant information regarding the client may be disclosed for the purpose of formulating an appropriate defense.

### ***Minors/Guardianship***

Parents or legal guardians of non-emancipated minors have the right to access the client's records unless it is determined that access would have a detrimental effect on the therapeutic relationship, or on the client's physical safety or psychological well-being.

### ***Professional Records***

You should be aware that, pursuant to HIPAA, Protected Health Information (PHI) about you is kept in two sets of professional records. One set constitutes the Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your (your child's) life has been impacted, diagnosis, the goals set for treatment, your (your child's) progress towards those goals, medical and social history, treatment history, any past treatment records received from other providers, reports of any professional consultations, billing records, and any reports that have been sent to anyone, including reports to your insurance carrier (when applicable). Except in unusual circumstances that involve a substantial risk of imminent psychological impairment or imminent serious physical danger, you may examine and/or receive a copy of your (your child's) Clinical Record, if requested in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in Dr. Wilson's presence or have them forwarded to another mental health professional so you can discuss the contents. A copying fee of \$0.20 per page (and for other expenses) will be charged.

In addition, a set of psychotherapy notes may be kept. These notes are for clinical use and are designed to assist in providing you with the best treatment. While the contents of psychotherapy notes vary, they can include the contents of conversations, analysis of those conversations, and how they impact therapy. They also contain particularly sensitive information that is not required to be included in the Clinical Record [and they also include information from others provided to us confidentially]. These psychotherapy notes are kept separate from the clinical record. Psychotherapy notes are not available to you and cannot be sent to anyone else, including insurance companies without written, signed Authorization. Insurance companies cannot require authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

### ***Other Provisions***

Payment for services are the responsibility of the client, or a person who has agreed to providing payment. When payment has not been made in a timely manner, collection agencies *may* be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the time-frame, and the name of the clinic or collection source.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases, the name of the client, or any identifying information, is **not** disclosed. Only general clinical information about a client is discussed.

### **Your Rights**

You have the right to request to review or receive your (your child's) medical files. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians.

You have the right to cancel release of information by providing written notice.

You have the right to restrict which information might be disclosed to others. However, if these restrictions cannot be agreed upon, we are not bound to abide by them.

You have the right to request that information about you be communicated by other means or to another location.

You have a right to disagree with the medical records in your (your child's) file. You may request that this information be changed. Although any changes may be denied, you have the right to make a statement of disagreement, which will be placed in your (your child's) file.

You have a right to know what information in your (your child's) record has been provided to whom.

You have a right to request a copy of this notice.

## **Complaints**

If you have any complaints or questions regarding these procedures, or if you believe your privacy rights have been violated, please contact Dr. Wilson. If you are not satisfied with the manner in which your question or complaint is handled, you may submit a formal complaint to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). There will be no retaliation for filing a complaint with Parenting On Call, LLC or The Office of Civil Rights.