

Notice of Lili Daoud, LCSW 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.

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 written authorization.

The following should help clarify these terms:

- **PHI** refers to information in your health record that could identify you.
- **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 are when I disclose PHI to your insurer to obtain reimbursement for your care or to determine your 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 and practice group, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.
- **Disclosure** applies to activities *outside* of my office or practice group, such as releasing, transferring, or providing access to information about you to other parties.
- **Authorization** is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific and required form.

II. Other Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations. In those instances, I will obtain an authorization from you before releasing PHI. I will obtain a special authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your record. 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, signed by you, and signed by a witness. 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, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures without Authorization I may use or disclose PHI without your consent in the following circumstances:

- **Child Abuse** – If I have reasonable cause to believe a child known to me may be an abused or neglected child, I must report this belief to the appropriate authorities.
- **Adult and Domestic Abuse** – If I have reason to believe that an individual protected by state law has been abused, neglected, or financially exploited, I must report this to the appropriate authorities.
- **Health Oversight Activities** – I may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information by any party about your treatment and the records thereof, such information is privileged under state law, and is not to be released without a court order. I can release the information directly to you on your request. Information about all other psychological

services is also privileged and cannot be released without your authorization 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 must be informed in advance if this is the case.

• **Serious Threat to Health or Safety** – If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.

IV. Patient's Rights and Clinical Social Worker's Duties

Patient's Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses/disclosures of PHI. However, I am not required to agree to the request.
- **Right to Receive Confidential Communications by Alternative Means** – You have the right to request and receive confidential communications by alternative means and locations. (For example, you may not want a family member to know that you are seeing me. On 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 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 and Psychotherapy Notes. On your request, I will discuss with you the details of the request for access process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as it is maintained in the record. I may deny your request. If so, 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 all disclosures of PHI. I can 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.

Clinical Social Worker'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 notify you at our next session, or by mail at the address you provided me.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may discuss it with me at any time. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on 4/14/03.

Agreement & Application for Services

Your signature indicates that you voluntarily apply for services, and that you have received a Notice of Privacy Practices as required by HIPAA.

Signature _____

Date: _____