

# Sample Notice of Privacy Practices:

Users of the Notice are notified of, and acknowledge, the following:

1. This document is provided to assist mental health practitioners in complying with the HIPAA Privacy Rule requirements regarding the Notice of Privacy Practices. Users of this Notice should have the form reviewed by independent legal counsel before use. While all reasonable attempts were made to ensure the adequacy of this Notice, neither PTR nor the author individually make any express or implied representations or warranties about the accuracy, legal sufficiency, or suitability of this Notice for use.
2. The Notice anticipates that the user is part of an organized health care arrangement. Users must read carefully the discussion of who the Notice covers and tailor that discussion to their own particular circumstances.
3. As of the date this Notice is published, the Office for Civil Frights of the federal Department of Health and Human Services has not promulgated rules for the enforcement of the HIPAA Privacy Rule. The HIPAA Privacy Rule may be amended by the secretary of the Department of Health and Human Services from time to time. Users of the form are responsible for incorporating into the Notice any future amendments to the Privacy Rule as necessary.
4. The Department of Health and Human Services has periodically issued guidance on implementation of the Privacy Rule. These guidelines may change interpretation of the Notice of Privacy Practices in the future. Users of this Notice are responsible for implementing any changes resulting from future guidance by DHHS.
5. No form or set of forms may make a covered entity "HIPAA compliant". Ultimately, it is the organization itself that is HIPAA compliant, not specific forms.

## JOINT NOTICE OF PRIVACY PRACTICES

Effective Date: \_\_\_\_\_

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO  
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Our Pledge To Protect Your Privacy

#### For more information, or to report a problem

If you have any questions about this notice, please contact our Privacy Officer at \_\_\_\_\_

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### Who Will Follow This Notice

The following individuals and organizations share [Practice name] to protect your privacy and will comply with this Notice:

Any health care professional authorized to enter information into your mental health records. Members of our clinical staff, employees, volunteers, trainees, students, and other personnel providing services in the facility

Patient care settings affiliated with [Practice name], and all professional staff, employees, volunteers, trainees, students or other personnel providing services in these patient care settings. These patient care settings include:(list all care settings you include in your setting in such a way that the patient understands what entities are covered under your Notice)

Note: [Practice name] may provide services to you in an integrated way with our clinical staff and the affiliated patient care settings referenced above.

However, [Practice name] accepts no legal responsible for activities solely attributable to these other providers or care settings.

This facility and other mental health care providers are required by law to maintain the privacy of your clinical information. We also are required to notify you of our legal duties and privacy practices regarding your mental health information, and abide by the practices described in the notice.

### **How we may use and disclose your clinical information**

Members of our clinical staff, appropriate [Practice name] employees and other participants in our patient care system, such as affiliated clinics or [Practice name]s, may share your clinical information as necessary for your treatment, payment for services provided and health care operations, without your express permission. Other uses require your specific authorization. The following describes how we may use and disclose your information without express permission. Other parts of this notice describe uses and disclosures that require your authorization, and the rights you have to restrict our use and disclosure of your clinical information.

### **Uses and disclosures without your express permission**

This section discusses the requirements of federal privacy laws. Louisiana law provides additional protections in some circumstances.

*Treatment* -- We are permitted to use and disclose your clinical information within this [Practice name] and within our affiliated clinics and [Practice name]s as necessary to provide you with clinical treatment and services. We also are permitted to disclose your clinical information to other health care providers outside this [Practice name] and its affiliated clinics and [Practice name]s as necessary for those providers to provide you with clinical treatment and services. For example, clinicians, physicians and other health professionals treating you in this [Practice name] will document information about your treatment in your clinical record. This record will be

released to other health professionals assisting in your treatment to ensure they are fully informed about your clinical condition and treatment needs.

*Payment* -- We are permitted to use and disclose your clinical information for our payment purposes or the payment; purposes of other health care providers or health plans. For example, our billing department may release clinical information to your health insurer to allow the insurer to pay us or reimburse you for your treatment. We also may release clinical information to emergency responders to allow them to obtain payment or reimbursement for services provided to you. (or, insert own example)

*Health care operations* -- We are permitted to use and disclose your clinical information for purposes of our own [Practice name] operations. We also are permitted to disclose your clinical information for the mental health care operations of another health care provider or health plan so long as they have a relationship with you and need the information for their own quality assurance purposes, for purposes of reviewing the qualifications of their health care professionals or conducting skill improvement programs. For example, our quality assurance department may use your clinical information to assess the quality of care in your case and ensure our [Practice name] continues to provide the quality care you and other patients deserve. We may use your clinical information to ensure we are complying with all federal and state compliance requirements. We also may disclose your clinical information to a community physician to assist the physician in assessing the quality of care provided in your case and for other similar purposes.

*Louisiana law* -- Louisiana law provides additional confidentiality protections in some circumstances. For example, in Louisiana a health care provider generally may not release the identity of a person tested for HIV or the results of an HIV-related test without your consent and you must be notified of this confidentiality right. Drug and alcohol records are specially protected and typically require your specific consent for release under both federal and state law. Mental health records are specially protected in some circumstances, as is genetic information.

For more information on Louisiana law related to these and other specially protected records, please contact the [Practice name] Privacy officer, or refer to the Louisiana Revised Statutes and the Louisiana Administrative Rules. These documents are available on-line

### **Uses and disclosures that we may make unless you object**

✓ *Soliciting funds for the [Practice name]*. We may use demographic information about you to contact you in an effort to raise money for the [Practice name] and its operations. We may disclose clinical information to a foundation related to the [Practice name] so that the foundation may contact you in raising money for the [Practice name]. We only would release contact information, such as your name, address and phone number and when you received treatment. If you do not want your information used in this way, you must notify

\_\_\_\_\_ Indicate who should be notified and what form of opt out is required, such as written opt out

- ✓ *Family or friends involved in your care.* Mental health professionals, using their best judgment, will disclose to a family member or close personal friend, or anyone else you identify, clinical information relevant to that person's involvement in your care. We may also give information to someone who helps pay for your care. If you do not want us to make these disclosures, you must notify \_\_\_\_\_ [Indicate who should be notified and what form of opt out is required, such as a written opt out]
- ✓ *In the Event of a Disaster.* We may disclose clinical information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care and so that your family can be notified about your condition and location. If you do not want us to make these disclosures, you must notify \_\_\_\_\_. [Indicate who should be notified and what form of opt out is required, such as a written opt out]
- ✓ *Appointment Reminders* We may use and disclose clinical information to contact you as a reminder that you have an appointment for treatment or clinical care at the [Practice name].
- ✓ *Treatment Alternatives* We may use and disclose clinical information to tell you about or recommend possible treatment options or alternatives that we offer that may be of interest; to you.
- ✓ *Health-Related Benefits and Services.* We may use and disclose clinical information to tell you about health-related benefits or services that may be of interest to you.

### **Uses and disclosures that do not require your authorization**

We may use or disclose your clinical information for the following purposes:

- ✓ *Research* when approved by the Institutional Review Board (or Privacy Board). Under certain circumstances, we may use and disclose clinical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process through the Institutional Review Board. Before we use or disclose clinical information for research without your authorization, the project will have been approved through this research approval process.
- ✓ *To the military as required by military command authorities.* If you are a member of the armed forces, we may release clinical information about you as required by military command authorities. We may also release clinical information about foreign military personnel to the appropriate foreign military authority.
- ✓ *As authorized by law in connection with the 'Workers' Compensation Program.* We may release clinical information about you for workers' compensation or similar programs, to the extent authorized by law. These programs provide benefits for work-related injuries or illness.

✓ *To support public health activities.* These activities typically include reports to such agencies as the Louisiana Department of Health and Hospitals as required or authorized by state law. These reports may include, but not necessarily be limited to, the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect. We will only make this disclosure if the patient agrees or when required or authorized by law.

*To health oversight agencies such as state and federal regulatory agencies.* We may disclose clinical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

*Pursuant to lawful subpoena or court order.* If you are involved in a lawsuit or a dispute, we may disclose clinical information about you in response to a court or administrative order. We may also disclose clinical information about you in response to a civil subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell patients about the request or to obtain an order protecting the information requested.

*To law enforcement officials for certain law enforcement purposes.* We may disclose your clinical information to law enforcement officials as required by law or as directed by court order, warrant, criminal subpoena or other lawful process, and in other limited circumstances for purposes of identifying or locating suspects, fugitives, material witnesses, missing persons or crime victims.

*For national security and intelligence activities.* We may release clinical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

*When required to avert a serious threat to health or safety.* We may use and disclose clinical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

*Protective Services for the President and Others.* We may disclose clinical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

*Inmates.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release clinical information about you to the correctional

institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

*As required by federal, state or local law.* We will disclose clinical information about you when required to do so by federal, state, or local law.

*Incidental disclosures.* Certain incidental disclosures of your clinical information occur as a byproduct of lawful and permitted use and disclosure of your clinical information. For example, a visitor may inadvertently overhear a discussion about your care. These incidental disclosures are permitted if the [Practice name] applies reasonable safeguards to protect your clinical information. Limited data set information. We may disclose limited health information to third parties for purposes of research, public health and health care operation purposes. This health information includes only the following identifiers:

- ✓ Admission, discharge, and service dates;
- ✓ Dates of birth and, if applicable, death;
- ✓ Age (including age 90 or over); and
- ✓ Five-digit zip code or any other geographic subdivision, such as state, county, city, precinct and their equivalent geocodes (except street address).

Before disclosing this information, we must enter into an agreement with the recipient of the information that limits who may use or receive the data and requires the recipient to agree not to re-identify the data or contact you. The agreement must contain assurances that the recipient of the information will use appropriate safeguards to prevent inappropriate use or disclosure of the information.

### **Uses and disclosures requiring your authorization**

Other uses and disclosures for purposes other than described above require your express authorization. For example, this [Practice name] must obtain your authorization before disclosing your clinical information to a life insurer or to an employer, except under special circumstances such as when disclosure to the employer is required by law. You have the right to revoke an authorization at any time, except to the extent we have already relied on it in making an authorized use or disclosure. Your revocation of an authorization must be in writing.

[Practice name] hopes that if you choose to revoke an authorization, you will help us comply with your wishes by identifying the authorization you are choosing to revoke. Ways of telling us which authorization you are revoking might include indicating who you authorized to receive information or the approximate timeframe in which you signed the authorization.

### **Disclosures to Business Associates**

[Practice name] contracts with outside companies that perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants, or attorneys. In certain circumstances, we may need to share your clinical information with a business associate so it can perform a service on our behalf. The [Practice name] will limit the

disclosure of your information to a business associate to the amount of information that is the minimum necessary for the company to perform services for the [Practice name]. In addition, we will have a written contract in place with the business associate requiring it to protect the privacy of your clinical information.

## **Your Rights**

You have the right to:

- ✓ *Request to inspect and copy your clinical information used to make decisions about your care.* You have the right to inspect and copy clinical information that may be used to make decisions about your care. Usually, this includes clinical and billing records, but does not include psychotherapy notes. To inspect and copy clinical information that may be used to make decisions about patients, you must submit a request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to clinical information, you may request that the denial be reviewed.
- ✓ *Request an amendment to your clinical record.* If you believe that clinical information that may be used to make decisions about your care is incorrect or incomplete, you may ask us to amend the information. This request must be in writing. Your request must include a reason for the amendment. We may deny your request if we believe the records are complete and accurate, if the records were not created by us and creator of the record is available, or if the records are otherwise not subject to patient access. We will put any denial in writing and explain our reasons for denial. You have the right to respond in writing to our explanation of denial, and to require that your request, our denial, and your statement of disagreement, if any, be included in future disclosures of the disputed record.
- ✓ *Request that we send you confidential communications by alternative means or at alternative locations.* For example, you may ask that we only contact you at work or by mail. A request for confidential communication must be made in writing. We will honor all reasonable requests.
- ✓ *Request additional restrictions on the use and disclosure of your clinical record.* You have the right to request a restriction or limitation on the clinical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the clinical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a particular procedure you underwent. To request a restriction, you must put your request in writing.

- ✓ We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
  
- ✓ *Request an accounting of disclosures.* You may request, in writing, an accounting of disclosures we made of your clinical information in the previous six years, beginning April 14, 2003. You are not entitled to an accounting of disclosures made for purposes of treatment, payment or healthcare operations, disclosures you authorized, disclosures to you, incidental disclosures, disclosures to family or other persons involved in your care, disclosures to correctional institutions and law enforcement in some circumstances, disclosures of limited data set information or disclosures for national security or law enforcement purposes. Receive a paper copy of this notice if you received the notice electronically. You may obtain a paper copy of this notice at any time by requesting a copy from any member of our staff.

**Please direct requests discussed above to (name) (phone).**

We reserve the right to change our health information practices and the terms of this Notice, and to make the new provisions effective for all protected health information we maintain, including health information created or received prior the effective date of any such revised notice. Should our health information practices change, we will post the revised Notice at our service delivery sites and make the revised Notice available to you at your request. If you believe your privacy rights have been violated, you may file a complaint with the [Practice name] Privacy Officer, or with the Secretary of the Department of Health and Human Services, 200 Independent Avenue S.W., Washington, DC. The DHHS toll-free telephone number is 1-877-696-6775. There will be no retaliation for filing a complaint.