

HIPPA PRIVACY PRACTICES NOTICE FORM
Notice of Policies and Practices to Protect the Privacy of Your Health Information

Susan L. O'Dell, Ph.D.

This notice describes how psychological and medical information about you may be used and disclosed, and how you get access to this information. Please sign this form and email to susan@susanodellphd.com.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Dr. O'Dell may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your written authorization.

These concepts are described below:

- "PHI" refers to your health record that could identify you
- "Treatment, Payment, and Health Care Operations"
 - Treatment refers to the provision, coordination or management of your health care and other related services by Dr. O'Dell. For example: treatment occurs when Dr. O'Dell consults with other health care providers, such as your primary care doctor or another therapist.
 - Payment refers to reimbursement for your health care. For example, in order to obtain reimbursement for your health care or to determine eligibility or coverage, Dr. O'Dell discloses your PHI to your health insurer.
 - Health Care Operations refers to the performance and functioning of Dr. O'Dell's psychotherapy practice. For example, Dr. O'Dell conducts quality assessment and improvement activities, addresses business-related responsibilities such as audits and administrative services, and coordinates case management and care coordination services as needed.
- "Use" applies only to activities within Dr. O'Dell's office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of Dr. O'Dell's office, 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 legally required form.

Other Uses and Disclosures Requiring Authorization

Dr. O'Dell may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In situations when Dr. O'Dell is asked for information for purposes outside of treatment, payment, or health care operations, she will obtain an authorization from you before releasing this information. She will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes she has made about your conversation during a private,

group, joint, or family counseling session, which she has kept separate from the rest of 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. You may not revoke an authorization to the extent that (1) Dr. O'Dell has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage.

Uses and Disclosures Without Authorization

Dr. O'Dell may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse—If Dr. O'Dell has reason to believe that an individual who is protected by state law has been abused, neglected, or financially exploited, she must report this belief to the appropriate authorities.
- Adult and Domestic Abuse—If Dr. O'Dell has reason to believe that an individual who is protected by state law has been abused, neglected, or financially exploited, she must report this belief to the appropriate authorities.
- Health Oversight Activities—Dr. O'Dell may disclose protected health information regarding you 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 evaluation, diagnosis, and treatment and the records thereof, such information is privileged under state law. Dr. O'Dell must not release such information without a court order. She can release the information directly to you on your request.
- Serious Threat to Health or Safety—If you communicate to Dr. O'Dell a specific threat of imminent harm against another individual or if she believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, she may make disclosures that she believes are necessary to protect that individual from harm. If she believes that you present an imminent, serious risk of physical or mental injury or death to yourself, she may make disclosures she considers necessary to protect you from harm.
- Worker's Compensation—Dr. O'Dell may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to Worker's Compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Patient's Rights and Therapist'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, Dr. O'Dell is not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and Alternative Locations—You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing Dr. O'Dell. On your request, she will send your bills to another address.
- Right to Inspect and Copy—You have the right to inspect or obtain a copy (or both) of PHI in Dr. O'Dell's 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, Dr. O'Dell 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 the PHI is maintained in the record. Dr. O'Dell may deny your request. On your request, she 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. On your request, Dr. O'Dell 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 Dr. O'Dell upon request, even if you have agreed to receive the notice electronically.

Clinical Social Worker's Duties:

- Dr. O'Dell is required by law to maintain the privacy of PHI and to provide you with a notice of her legal duties and privacy practices with respect to PHI.
- Dr. O'Dell reserves the right to change the privacy policies and practices described in this notice. Unless she notifies you of such changes, however, she is required to abide by the terms currently in effect.
- If Dr. O'Dell revises her policies and procedures, she will notify you in person or by mail.

Complaints

If you are concerned that Dr. O'Dell has violate your privacy rights, or you disagree with a decision she has made about access to your records, please contact her at: 773-405-4637.

As a resident of Oregon, you may also contact: State of Oregon Board of Licensed Social Workers, Attention: Compliance Division, 3218 Pringle Road South, Suite 240, Salem, Oregon 97302-6310.

As a resident of Illinois, you may contact the Illinois Department of Financial and Professional Regulation (IDFPR) at (312) 814-6910.

As a resident of Washington State, you may contact the Washington State Department of Health at (360) 236-4700.

Effective Date, Restrictions, and Changes to Privacy Policy

This notice went into effect on April 14, 2003. Dr. O'Dell reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that she maintains. She will provide you with a revised notice in writing.

Please print your Name: _____

I hereby acknowledge that I have received and reviewed a copy of the Privacy Practices/HIPPA Notice of the psychotherapy practice of Susan O'Dell, PhD. I understand that if I have any questions regarding the Notice of my privacy rights, I will contact Dr. O'Dell directly.

Signature

Date

Signature of Parent or Guardian

Date