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NURTURING EMOTIONAL SUCCESS TOGETHER

RobynsNestPsychology.com

Notice of Privacy Practices

Date: _____

This notice describes how psychological and medical information about you/your dependent may be used and disclosed (provided to others) and how you can get access to this information. If authorizing for a minor, understand “you/your” pertains to the minor. PLEASE REVIEW THIS NOTICE CAREFULLY and initial at the end of each section.

Your health record contains information that may identify you; personal information about you and your health. Protected Health Information (PHI) is information about a client’s age, race, sex, and other personal, identifying health information. The information relates to the client’s physical or mental health in the past, present, or future, and to the care, treatment, and services needed by a client because of his or her health.

This “Notice of Privacy Practices” describes how we at *Robyn’s N.E.S.T. Psychology* may use and disclose your PHI in accordance with applicable law, including the Accountability Act (“HIPAA”), regulations promulgated under HIPAA, the HIPAA Privacy and Security Rules, the *AMHCA and ACA Code of Ethics* and Massachusetts statutes and regulations. It also describes your rights regarding how you may gain access to and control your PHI.

We, at *Robyn’s N.E.S.T. Psychology*, take protecting our client’s PHI very seriously, are required by law to maintain the privacy of PHI, and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this “Notice of Privacy Practices.” We reserve the right to change the terms of our “Notice of Privacy Practices” at any time. Any new “Notice of Privacy Practices” will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised “Notice of Privacy Practices” by sending a copy to you in the mail and/or providing one to you at your next appointment upon request.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, REQUIRING CONSENT: We may use or disclose your PHI for treatment, payment and health care operations purposes with your consent as discussed below:

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. An example of treatment would be when we consult with another health care provider, such as a family physician or another mental health provider. We may disclose PHI to any other consultant only with your authorization.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing

services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. Client records also greatly help our trainees and researchers find the best possible treatment for working with like cases. All *Robyn's N.E.S.T. Psychology* trainees and researchers must follow the same rules and laws that other health care providers must follow to keep patient information private. Details that may identify patients will not be disclosed for research purposes to anyone outside of *Robyn's N.E.S.T. Psychology* without written permission from the client or the client's parent or legal guardian.

_____ [initial]

II. USES AND DISCLOSURES REQUIRING AUTHORIZATION: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your prior authorization. The following uses and disclosures will be made only with your written authorization:

- Psychotherapy notes; notes recorded (in any form) by a mental health professional for the purpose of reviewing a conversation that took place during a private counseling session. This session can be with a single person, a group, or a family. Conversation notes from a counseling session are separated from the rest of a patient's medical record.
- Psychosocial information, information given to your mental health provider about your family's social history and counseling services you have received.
- Most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications.
- Disclosures that constitute a sale of PHI; and other uses and disclosures not described in this *Notice of Privacy Practices*.

_____ [initial]

III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION: We may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If we, in our professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, we must immediately report such condition to the Massachusetts Department of Children and Families.

Elder Abuse: If we have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died, as a result of abuse, we must immediately make a report to the Massachusetts Department of Elder Affairs.

Abused of a Disabled Person: If we have reasonable cause to suspect abuse of an adult (ages 18-59) with mental or physical disabilities, we must immediately make a report to the Massachusetts Disabled Persons Protection Commission.

Health Oversight: The Board of Registration of Allied Mental Health and Human Service Professions has the power, when necessary, to subpoena relevant records, should we 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 thereof, such information is privileged under state law and we 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. Reasonable precautions 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 physical violence and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present 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.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

_____ [initial]

IV. YOUR RIGHTS AND OUR OBLIGATIONS: You have the following rights regarding PHI we maintain about you.

Right of Access to Inspect and Copy. You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record (5-years after client is last seen). To request a copy of your medical records, you must submit written permission. Fill out the "Authorization for Release of Health Information" form. After completing the form, be sure to print, sign and date. To finalize your request, you will have to schedule a session to review records with your mental health provider before you are given a copy for your records.

Your access may be denied in certain circumstances, but in some cases, you may be able to have this decision reviewed. On your request, we will discuss with you the details of the request and denial process. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. On your request, we will provide you with details of the amendment process.

Right to an Accounting of Disclosures. You have the right to request an accounting of PHI for which you have neither provided authorization nor consent. On request, we will discuss with you the details of the accounting process. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes

of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. (For instance, you may not want a family member to know you are seeing us. Upon your request, we will send your bills to another address.) We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

Breach Notification. If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.

_____ [initial]

V. TECHNOLOGY: Interacting using Email, SMS, @replies, and other on-site apps or messaging systems that offer direct messaging are third-party services that often provide limited security and privacy. These cannot be assumed secure or private. Be aware that communicating on such systems with may expose confidential client data to third parties. By choosing to send messages or communicate on these networks, you acknowledge you may be putting your PHI at risk. You have the right to ask for secure communication.

_____ [initial]

VI. COMPLAINTS: If you believe we have violated your privacy rights or you disagree with a decision we made about access to your records, you may contact Robyn Fatseas, Director of Robyn’s N.E.S.T. Psychology, at (781) 763-7807 for further assistance. You may also send a written complaint to the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

We will not retaliate against you for filing a complaint.

_____ [initial]

VII. EFFECTIVE DATE OF PRIVACY PRACTICES:

This notice will go into effect on _____ [today’s date]

(Signature of Client/Guardian)

(Date)

(Printed Name)

(Relationship to Client)

(Signature of Staff Witness)

(Date)

(Staff Printed Name)

(Staff Title)

You will be given a copy of this notice for your records.

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