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INDIANA NOTICE FORM

Notice of the Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL/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

ASH Psychological Services, P.C. may use or disclose your *protected health information* (PHI) for *treatment, payment, and health care operations* purposes with your *written authorization*. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “*Treatment, Payment, and Health Care Operations*”
 - *Treatment* is when Dr. Hunnicutt provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be if Dr. Hunnicutt consulted with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when Dr. Hunnicutt communicates with your health insurer. Examples of payment are when Dr. Hunnicutt discloses your PHI to your health insurer regarding a claim, eligibility, or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of this 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 the office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the 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.

II. Other Uses and Disclosures Requiring Authorization

ASH Psychological Services, P.C. may use or disclose PHI for purposes outside of treatment, payment, or health care operation when your appropriate authorization is obtained. In those instances when Dr. Hunnicutt is asked for information for purposes outside of treatment, payment, or health care operations, including marketing or fundraising, Dr. Hunnicutt will obtain an authorization from you before releasing this information. Dr. Hunnicutt will also need to obtain an authorization from you before releasing your Psychotherapy Notes.

“Psychotherapy Notes” are notes made during a private, group, joint, or family counseling session, only if they are kept separate from the rest of your medical 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. Hunnicutt has relied on that authorization; or (2) the authorization was obtained as a condition of obtaining insurance coverage, and law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

ASH Psychological Services, P.C. may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If Dr. Hunnicutt believes that a child is a victim of child abuse or neglect, Dr. Hunnicutt must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – If Dr. Hunnicutt believes or has reason to believe that an individual is an endangered adult, Dr. Hunnicutt must report this belief to the appropriate authorities.
- *Health Oversight Activities* – If the Indiana Attorney General’s Office is conducting an investigation into Dr. Hunnicutt’s practice, then Dr. Hunnicutt is required to disclose PHI upon receipt of a subpoena.

- *Judicial and Administrative Proceedings* – If the client is involved in a court proceeding and a request is made for information about the professional services Dr. Hunnicutt provided you and/or the records thereof, such information is privileged under state law, and Dr. Hunnicutt will not release information without the written authorization of 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 Dr. Hunnicutt an actual threat of violence to cause serious injury or death against a reasonably identifiable victim or victims or if you present evidence, conduct, or make statements indicating an imminent danger that you will use physical violence or use other means to cause serious personal injury or death to others, Dr. Hunnicutt will take the appropriate steps to prevent harm from occurring. If Dr. Hunnicutt has reason to believe that you present an imminent, serious risk of physical harm or death to yourself, Dr. Hunnicutt will need to disclose information in order to protect you. In both cases, Dr. Hunnicutt will only disclose what Dr. Hunnicutt feels is the minimum amount of information necessary.
- *Worker's Compensation* – Dr. Hunnicutt 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.

IV. Client's Rights and Psychologist's Duties

Client's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, Dr. Hunnicutt is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at 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 being seen in this practice. On your request, Dr. Hunnicutt will send information, including bills, to you at another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Dr. Hunnicutt may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Dr. Hunnicutt will discuss with you the details of the request and denial 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. Hunnicutt may deny your request. On your request, Dr. Hunnicutt 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. Hunnicutt 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. Hunnicutt upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- Dr. Hunnicutt is required by law to maintain the privacy of PHI and to provide you with a notice of Dr. Hunnicutt's legal duties and privacy practices with respect to PHI. If your PHI is ever released to someone who should not see it, and Dr. Hunnicutt finds out, you will be informed of this.
- If any new reasons not covered here arise to release PHI, Dr. Hunnicutt will explain those reasons and request your permission to do so.
- Dr. Hunnicutt reserves the right to change the privacy policies and practices described in this notice. Unless Dr. Hunnicutt notifies you of such changes, however, Dr. Hunnicutt is required to abide by the terms currently in effect. If Dr. Hunnicutt revises policies and procedures, Dr. Hunnicutt will provide you with a revised notice at your next session in this office.

V. Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision made about access to your records, you may contact Dr. Hunnicutt at (317) 815-6030.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Hunnicutt can provide you with the appropriate address upon request.

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

This notice is in effect as of April 14, 2003.

ASH Psychological Services, P.C. reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained.