

Mary Alice Mills, Ph.D.

Clinical Psychologist

1145 Reservoir Ave, Suite 302 Cranston, RI 02920

(401) 285-0408

www.maryalicemillsphd.com

## NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

**This notice describes how health information on about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

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### OUR RESPONSIBILITIES

Mary Alice Mills, Ph.D., LLC is required by law to protect and maintain the privacy of your Protected Health Information (PHI). We are also required to provide you with this notice describing our privacy practices and your rights concerning your health information. This notice is covered under the Health Insurance Portability and Accountability Act (HIPAA).

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### SECTION I: USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. 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 we provide, coordinate, or manage your health care and other services related to your healthcare. An example of treatment would be when we consult with another healthcare provider, such as your primary care physician or another behavioral health specialist.
    - **Payment** is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
    - **Health Care Operations** are activities that relate to the performance and operation of our 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 our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
  - **“Disclosure”** applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.
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### SECTION II: USES AND DISCLOSURES REQUIRING AUTHORIZATION

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “Authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and healthcare operations, we will obtain an authorization from you before

releasing information. We will also need to obtain authorization before releasing your psychotherapy notes. “Psychotherapy Notes” are notes your provider has made based upon your conversations during a private, group, joint, or family treatment session, which your provider has 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: (i) your provider has relied on that authorization; or (ii) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

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### **SECTION 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/her which causes harm or substantial risk of harm to the child’s health or welfare (including sexual abuse), or from neglect, we must immediately report such conditions to the appropriate agencies.
- **Older Adult Abuse:** If we have reasonable cause to believe that an elderly person (age 60 years and older) is suffering from or has died as a result of abuse, we must immediately make a report to the appropriate agencies.
- **Health Oversight:** Certain government agencies may have 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 us 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, we must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying enforcement, or arranging for your hospitalization. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, we may contact family members to assist in keeping you safe or seek to have you hospitalized.
- **Worker’s compensation:** If you file a workers’ compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer, and the Division of Worker’s Compensation.
- **Confidentiality Law:** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state’s confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

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## SECTION IV: CLIENT'S RIGHTS AND PROVIDER'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 about you. However, we are not required to agree to a restriction at your 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 seeing us. Upon your request, we will send bills to another address.)
- **Right 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. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we 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. We may deny your request. On your request, we 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- **Right to Paper Copy:** You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI.** You have a right to be notified if: (i) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (ii) that PHI has not been encrypted to government standards; and (iii) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

### Provider's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will provide you with written notice describing the revisions during our next available session.

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## SECTION V: QUESTIONS AND COMPLAINTS

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact **Mary Alice Mills, Ph.D., Owner, Mary Alice Mills, Ph.D., LLC** at **401-285-0408**.

If you believe that your privacy rights have been violated and wish to file a complaint with us, you may send your written complaint to **Mary Alice Mills, Ph.D., 1145 Reservoir Ave, Suite 302, Cranston, RI 02920.**

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

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**SECTION VI. EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO PRIVACY POLICY**

This notice will go into effect November 1, 2018. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. At such me we will notify you of this change. The current version of this document will always be available to you at this office.

I acknowledge that I have reviewed this policy and have been provided a copy.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_