



Laura Holdcraft, Ph.D., LLC

clinical psychologist

## NOTICE OF PRIVACY PRACTICES

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

### **Commitment to your privacy:**

I am dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you and will do everything within my control to ensure the security of this information. I am also required by law to provide you with this notice of my legal duties and the privacy practices that I maintain in my practice concerning your PHI. By federal and state law, I must follow the terms of the Notice of Privacy Practices that are in effect at the time.

The terms of this notice apply to all records containing your PHI that are created or retained by my practice. I reserve the right to revise or amend this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be effective for all of your records that my practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. A copy of my current Notice in my office will be posted in a visible location at all times, and it will be available on my website. You have the right to request a copy of my most current Notice at any time. If you have questions about this notice, please ask me.

### **I may use and disclose your PHI in the following ways:**

**Treatment:** This practice may use your PHI to treat you. Additionally, the practice may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. The practice may also disclose your PHI to other health care providers for purposes related to your treatment. Finally, the practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

**Payment:** This practice may use and disclose your PHI in order to bill and collect payment for the services. For example, I may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and I may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. Sometimes I have to provide additional clinical information such as treatment plans or summaries or copies of the entire record (in rare cases) which will become part of the insurance company files. I also may use and disclose your PHI to bill you directly for services or to any billing service I may use. I also may use and disclose your PHI and to obtain payment from third parties that may be responsible for such costs, such as family members.

**Optional Appointment Reminders:** Our practice may use and disclose your PHI to contact you and remind you of appointments, using phone, text or email reminders, an online appointment scheduling service and using email or text receipts. Please remember that email is not a secure medium. If you wish to communicate confidential information, I will initiate an encrypted email with you. If you wish to opt out of any of these services, please inform Dr. Holdcraft.

**Disclosures About Victims of Abuse, Neglect or Domestic Violence:** This practice may disclose PHI to notify the appropriate government authority as required or expressly authorized by law or when the patient agrees if we believe a patient has been the victim of abuse, neglect or domestic violence. For example, the practice is obligated by law to report suspected child and vulnerable elderly abuse.

**As Required By Law:** We will disclose PHI when required to do so by federal, state or local law. If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release this information without written authorization from you or your personal or legally-appointed representative, or upon receipt of 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.

**Worker's Compensation:** If you file a worker's compensation claim, the practice may be required to give your mental health information to relevant parties and officials.

**To Avert a Serious Threat to Health and Safety:** Consistent with Ohio law, this practice may use and disclose certain PHI 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. In addition, we may use and disclose PHI if we believe that the use or disclosure is necessary for law enforcement to identify or apprehend an individual who has escaped from a correctional institution or from custody.

**Your rights regarding your PHI:**

**Confidential communications:** You have the right to request that this practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Dr. Holdcraft. This practice will accommodate reasonable requests.

**Requesting restrictions:** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. You also have the right to restrict disclosure of PHI to health insurance companies if you choose to pay out of pocket in full for services. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. I am not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Dr. Holdcraft. Your request must describe in a clear and concise fashion:

- o The information you wish restricted,
- o Whether you are requesting to limit our practice's use, disclosure or both,
- o To whom you want the limits to apply.

**Inspection and copies:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including medical records and billing records. You must submit your request in writing to Dr. Holdcraft in order to inspect and/or obtain a copy of your PHI. This practice charges the fee allowable by state of Ohio law for the cost of copying, mailing, labor and supplies associated with your request. At this time this practice is not utilizing Electronic Health Records (EHR). Should that change, you would have the right to receive a copy of your records electronically.

**Amendment:** 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.

**Accounting of disclosures:** All of our clients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in this practice is not required to be documented. This accounting is only required to be kept for a six year period.

**Right to a paper copy of this notice:** You are entitled to receive a paper copy of our notice of privacy practices.

**Right to file a complaint:** If you believe your privacy rights have been violated, you may file a complaint with Dr. Holdcraft or with Secretary of the U.S. Department of Health and Human Services in Washington, D.C. or to: Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. Ph. (312) 886-2359, Fax (312) 886-1807, TDD (312) 353-5693. There will be no retaliation against you for filing a complaint.

**Nonwaiver of rights:** This practice will not require an individual to waive his or her rights granted in the HIPAA or HITECH acts as a condition to receive treatment, payment, enrollment in a health plan, or eligibility for benefits.

**Right to provide an authorization for other uses and disclosures:** This practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing.

**Breach Notification:** In the unfortunate event that the security of your PHI is compromised, you will be notified within 60 days. A report will also be filed with the U.S. Department of Health and Human Services.

**Statement regarding fundraising and marketing.** Your PHI will never be used for fundraising or marketing purposes by this practice. Effective Date: This notice went into effect on September 1, 2015 at the creation of this practice and was last modified on February 29, 2016.