

THIS NOTICE IS FOR YOUR REFERENCE ONLY. THERE IS NO NEED TO BRING A COPY OF IT TO YOUR FIRST SESSION.

James A. Fidelibus, Ph.D., Inc.

Psychological Counseling Services
For Individuals, Couples and Families

NOTICE OF PRIVACY PRACTICES

This notice describes how clinical information about you may be used and disclosed and how you can get access to this information.

Please review carefully.

Privacy & Security Officer: James A. Fidelibus, Ph.D.

Clinical Office: 4400 North High Street, Suite 411, Columbus, Ohio 43214

Business Office: P.O. Box 26113, Columbus, Ohio 43226

Phone: 614-890-4904

Effective Date: January 1, 2008

(Please note that James A. Fidelibus, Ph.D. & Associates, Inc. operated under the Privacy Practices of WellSpring Counseling, 1115 Bethel Road, Columbus, Ohio 43220, from April 14, 2003 to December 31, 2007.)

The Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) was the result of a bill sponsored by Senators Nancy Kassebaum (R-KS) and Ted Kennedy (D-MA), and was signed into law in August 1996. It consists of a privacy rule and a security rule.

The privacy rule addresses operational policies with regard to controlling access to personal health information. The security rule addresses organizational infrastructure such as access to offices, files and computers, to assure secure and private communication and maintenance of confidential patient information.

With the privacy and security rules in place, the health care industry has a standardized way of transmitting electronic health care information with increased privacy and security protection.

Protected Health Information (PHI)

HIPAA rules govern Protected Health Information or PHI. Health information of any kind that identifies or could be used to identify a client is protected by HIPAA when it is transmitted in any form or medium. This relates often to involvement of a third party, such as an insurance company or a billing service, especially as it relates electronic transmission of information.

Your Rights With Respect to PHI

With respect to your PHI, you have the right:

- to consent to the use and disclosure of your PHI.
- to access to your records for inspection.
- to request amendments to you PHI.
- to receive accounting of use and disclosure of your PHI.
- to request restrictions for use of your PHI

Consent To Use Your PHI

James A. Fidelibus, Ph.D. & Associates, Inc. (hereinafter referred to as “the Provider”) uses your PHI to provide treatment services, bill third parties for treatment services, and perform related operations such as verifying your eligibility for benefits, checking on claims status, and obtaining authorization to provide services. You give this consent when you sign the statements at the end of the Client Information form that you fill out at your first session.

Uses of PHI Not Requiring Consent

Your PHI may be disclosed without your consent under certain exceptional circumstances. This may occur when required by law, such as your involvement in child or elder abuse or neglect, or to avert a serious threat to the health or safety of a person or the public. Some additional disclosures of PHI that do not require consent include requests from the military for national security purposes, court orders or subpoenas, an order from an administrative tribunal (e.g., the Social Security Administration), or other situations that may be required by law.

Access To Records

You have the right to inspect and receive a copy of your PHI. Requests for your PHI need to be made in writing and will be fulfilled within 30 days of the request.

You **do not** have the right to inspect or obtain a copy of your psychotherapy notes or inspect information compiled for use in civil, criminal or administrative actions.

You also **do not** have the right to inspect or receive a copy of your PHI if your therapist judges it to be a serious threat to the safety of a person or the public. If this determination is made, you are given the opportunity to have a second review of your request by an agreed upon mental health professional.

Amendment of Records

You have a right to request an amendment to your PHI if you believe it is incorrect. The request will be honored unless the Provider is not the originator of the records in question, or if the information is in fact accurate and complete. Amendments that are accepted do not expunge any prior information or part of the record, but are simply added to it.

Accounting of Uses and Disclosures

You have a right to receive a listing of all uses and disclosures of your PHI. Accounting will include the name and address of the receiving entity, a description of what was disclosed and the purpose of the disclosure. The request is to be made in writing and will be fulfilled within 60 days.

Requests for Restrictions

You have the right to request additional restrictions to the use of your PHI. The Provider is not required to comply. However, reasonable requests for restrictions will be honored. Examples of reasonable requests are that you not be contacted at a certain location or phone number, or that information, such as a billing statement, not be sent to a certain address. An example of an unreasonable request would be that you to expect the Provider to implement compliance with requested restrictions with your health plan.

Minimum Necessary Disclosure

Whenever PHI is disclosed or used, the Provider will share only the minimum amount of information necessary to conduct the required activity. For example, billing services will require dates of service, a diagnosis that is eligible for payment, and service codes that describe the type of service provided. Information that discloses other personal information is unnecessary and will not be disclosed.

Protection of Minors

Parents generally have the authority to make health care decisions for their minor children and therefore have access to their PHI. There are two restrictions:

- A court determination or law that authorizes someone to make health care decisions for the minor in place of the parent.
- When a parent voluntarily agrees to confidentiality between the minor and the Provider for treatment purposes.

Recording of Sessions

Your therapist may request that a session be audio or videotaped. This is for the purposes of later review by the therapist, or consultation with another professional. No recording of any kind will be made without your written consent, which will include a detailed description of the restrictions on its use.

Complaint Process

If you have any questions or complaints about the privacy practices described here or their implementation, please contact the designated Privacy & Security Officer, James A. Fidelibus, Ph.D. at 614-809-4094.

You have the right to file a complaint against the Provider with the Secretary of the Federal Department of Health and Human Services. In such an event, there will be no limitations placed on your care and no actions taken against you in any way by the Provider.

Contact information is as follows:

U. S. Department of Health and Human Services
233 Michigan Ave., Suite 240
Chicago, Illinois 60601
312-886-2359

Office of Civil Rights
Department of Health and Human Services
Mail Stop Room 506F
Hubert Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201
202-205-8725