

Protected Health Information (PHI)

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

Therapist Responsibilities

I take the privacy of your health information seriously, and I am committed to protecting your health information. This Notice applies to all records of your care that I maintain, which contain your protected health information (PHI). Protected health information is psychological & medical information that identifies you or may provide a basis for identifying you. This Notice is provided to tell you about my duties and practices with respect to your health information. I am required by law to provide you with this Notice, and I am required to follow the terms of the Notice that is currently in effect.

Changes to this Notice

This notice is effective July 1, 2022.

These policies may change at any time as laws protecting health information change. The changes will apply to PHI I already have as well as new information I receive. Before I make a change that may impact your understanding of my current privacy practices, I will change this Notice to reflect the current practice of protecting your PHI. You will be provided with a revised notice at your first visit to my office following this change.

How I may use and disclose your health information

The following categories describe and give examples of the different ways that I may use and disclose your health information with your consent for services. All of the ways I am permitted to use and disclose your information will fall within one of these categories.

Treatment: I may use PHI about you to provide you with treatment. Treatment is considered to include those services in which I provide, coordinate, or otherwise manage your health care including coordination of services and consultation with designated health care providers, such as your primary care physician.

Payment: I may use and disclose your PHI for payment purposes. I may bill and collect for the treatment and services I provide to you. I may send your PHI to an insurance company or third party for payment purposes including a collection service. For example, I may use and disclose your PHI for payment purposes if I contact your insurance company in order to determine eligibility or coverage.

Health Care Operations: I may use and disclose your PHI for health care operations. These uses and disclosures are necessary to make sure that you receive competent, quality health care, and to maintain and improve the quality of health care that I provide. For example, I may use your PHI for performance improvement activities, which would contribute to my mission of providing mental health care of the highest quality to each client.

Permitted Uses without Prior Authorization

I may use or disclose your PHI without your prior authorization for several other reasons. Subject to certain requirements, I may give out health information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, and emergencies. I also disclose health information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

To Avert a Serious Threat to Health or Safety: I may use and disclose your necessary PHI when I believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.

Child Abuse: If I have a reason to suspect that a child has been abused or neglected, I am mandated by law to report this to the NH Division of Children, Youth, & Families.

Adult & Domestic Abuse: If I have reason to suspect that an incapacitated adult has been subject to abuse, neglect, self neglect, hazardous living conditions, or exploitation, I am required by law to report that information to the NH Department of Health & Human Services.

Health Oversight: If the New Hampshire Board of Mental Health is conducting an investigation, then I am required to disclose your mental health records upon subpoena from the Board.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I may not release information without your written authorization. The privilege does not apply if this information is required by court order.

Military: If you are a member of the armed forces (domestic or foreign), I may release your PHI as required by domestic military command authorities for domestic armed forces and by foreign military authority for foreign armed forces.

National Security and Intelligence Activities: I may release your PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: I may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.

Third Parties: I may disclose your PHI to third parties with whom I contract to perform services on our behalf. If I disclose your information to these entities, I will have an agreement with them to safeguard your information.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this Notice or the laws that apply to me will be made only with your written authorization. If you provide an authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, I will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures I may have already made under the authorization.

Your Rights Regarding Your Health Information

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to review or get a copy of health information that may be used to make decisions about your care. Upon your request, I will discuss with you the details of this process. If you request a copy of the information, I may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend: You have the right to ask me to modify but not delete your health and/or billing information for as long as the information is kept by me. You must submit your request in writing. In addition, you must provide a reason that supports your request. I will inform you of my decision in writing. On your request, I will discuss with you the details of the amendment process.

Right to an Accounting of Disclosures: You have the right to a list of those instances where I have disclosed health information about you other than for treatment, payment, health care operations, where you specifically authorized a disclosure, or other instances specifically noted in the Privacy Rule that are not subject to the Accounting of Disclosures standard. You must submit a written request to obtain a copy of this disclosure list. Upon your request, I will discuss the details of the accounting process.

Right to Request Confidential Communications: You have the right to request that health information about you be communicated to you in a confidential manner. For example, you may ask that I call your cell phone with appointment reminders instead of your home phone. Please discuss this request with me and note it clearly on any forms where applicable.

Right to Request Restrictions: You have the right to request that I do not use or disclose health information about you for treatment, payment or health care operations. You also have the right to request a limit on the health information I disclose about you to someone who is involved in your care or the payment for your care. I will endeavor to comply with such requests as appropriate, however I am not required to agree to your request.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask me to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Complaints

If you believe your privacy rights have been violated, or you disagree with a decision I have made about access to your records, please discuss this with me so that a resolution may be reached. You may also send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights.

MENTAL HEALTH BILL OF RIGHTS

This Mental Health Bill of Rights is provided by law to persons receiving mental health services in the State of New Hampshire. Its purpose is to protect the rights and enhance the well being of clients by informing them of key aspects of the clinical relationship. As a client of a New Hampshire Mental Health Practitioner, you have, without asking, the right:

1. To be treated in a professional, respectful, competent and ethical manner consistent with all applicable state laws and the following professional ethical standards:
 - for psychologists, the American Psychological Association;
 - for independent clinical social workers; the National Association of Social Workers;
 - for pastoral psychotherapists; the American Association of Pastoral Counselors
 - for clinical mental health counselors; the American Mental Health Counselor Association; and
 - for marriage and family therapists; the American Association for Marriage and Family Therapists.
2. To receive full information about your treatment provider's knowledge, skills, experience and credentials.
3. To have the information you disclose to your mental health provider kept confidential within the limits of state and federal law. Communications between mental health providers and clients are typically confidential, unless the law requires their disclosure. Mental health providers will inform you of the legal exceptions to confidentiality, and should such an exception arise, will share only such information as required by law. Examples of such exceptions include but are not limited to:
 - abuse of a child;
 - abuse of an incapacitated adult;
 - Health Information Portability and Accountability Act (HIPAA) regulation compliance;
 - certain rights you may have waived when contracting for third party financial coverage;
 - orders of the court; and
 - significant threats to self, others or property.
4. To a safe setting and to know that the services provided are effective and of a quality consistent with the standard of care within each profession and to know that sexual relations between a mental health provider and a client or former client are a violation of the law (RSA 330-A:36).
5. To obtain information, as allowed by law, pertaining to the mental health provider's assessment, assessment procedures and mental health diagnoses (RSA 330-A:2 VI).
6. To participate meaningfully in the planning, implementation and termination or referral of your treatment.
7. To documented informed consent: to be informed of the risks and benefits of the proposed treatment, the risks and benefits of alternative treatments and the risks and benefits of no treatment. When obtaining informed consent for treatment for which safety and effectiveness have not been established, therapists will inform their clients of this and of the voluntary nature of their participation. In addition, clients have the right to be informed of their rights and responsibilities, and of the mental health provider's practice policies regarding confidentiality, office hours, fees, missed appointments, billing policies, electronic communications, managed care issues, record management, and other relevant matters except as otherwise provided by law.
8. To obtain information regarding the provision(s) for emergency coverage.
9. To receive a copy of your mental health record within 30 days upon written request (except as otherwise provided by law), by paying a nominal fee designed to defray the administrative costs of reproducing the record.
10. To know that your mental health provider is licensed by the State of New Hampshire to provide mental health services.
 - You have the right to obtain information about mental health practice in New Hampshire. You may contact the Board of Mental Health Practice for a list names, addresses, phone numbers and websites of state and national professional associations listed in Mhp 502.02 (a)(1)(a-e).
 - You have the right to discuss questions or concerns about the mental health services you receive with your provider. •
 - You have the right to file a complaint with the Board of Mental Health Practice.
11. A licensee shall post a copy of the above mental health bill of rights in a prominent location in the office of the mental health practitioner and provide a copy upon request.
12. A licensee shall provide a copy of the mental health bill of rights to the client and/or agency if the assessment, consultation or intervention is provided outside the office.

To contact the New Hampshire Board of Mental Health Providers:

<http://www.nh.gov/mhpb/>

Board of Mental Health Practice - 49 Donovan Street, Concord, NH 03301

Telephone: 603-271-6762 - TDD Access: Relay NH 1-800-735-2954