



NOTICE OF PRIVACY POLICIES AND PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act (HIPAA) requires that we provide you with this Notice of Hawaii Anxiety and Trauma Care's privacy policies and practices, and that we obtain your signature acknowledging that you have received this Notice. If you do not understand any part of this notice, please ask for further explanation.

Protected health information (PHI) is information in our records that could identify you.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT & HEALTH CARE OP

We are required by law to maintain the privacy of PHI. Your PHI may be used or disclosed for routine treatment, payment, and health care operation purposes with your written, advance consent. Please note that this can include billing services and collection agencies.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

You may give written authorization for the use or disclosure of PHI for purposes other than treatment, payment, or health care operations. Written authorization is also needed for the release of psychotherapy notes, which are notes made during psychotherapy sessions, and which are kept separate from the rest of your clinical record. All authorizations may be revoked, in writing, at any time except to the extent that prior disclosure of information has already taken place.

USES AND DISCLOSURES REQUIRING NEITHER CONSENT OR AUTHORIZATION

Your PHI may be disclosed without your consent or authorization in the following circumstances:

Health Oversight Activities - If a government agency such as the Hawaii Board of Psychology requests information for health oversight activities, we must release the necessary information.

Judicial and Administrative Proceedings - If you are involved in court proceedings and a request is made for information about the psychological services provided to you and/or the records thereof, such information is privileged under Hawaii law. We shall release such information only with written authorization by you or your legally appointment representative or at the direction of a court order.

Workers' Compensation and Personal Injury Claims - If you have filed a Worker's Compensation, No Fault, or other personal injury claim, we may be required to disclose PHI about any services we have provided to you that are relevant to the claimed injury.

Complaints and Lawsuits - If a client files a complaint or lawsuit against us, we may disclose relevant information regarding that client in order to defend ourselves.

In some situations, we are legally obligated to take actions that are necessary to attempt to protect a client or others from harm. The following situations may require disclosure of PHI:

Child Abuse - If we have reason to believe that child abuse or neglect has occurred or that there is a substantial risk that child abuse or neglect may occur in the reasonably foreseeable future, we must



immediately report the matter to the appropriate authority.

Adult Domestic Abuse - If we have reason to believe that a dependent adult has been abused or is threatened with imminent abuse, we must promptly report the matter to the appropriate authority.

Elder Abuse - If we have reason to believe that an elder adult has been abused or is threatened with imminent abuse, we must promptly report the matter to the appropriate authority.

Serious Threat to Health or Safety - In situations in which there is clear and imminent danger to you, to another individual or society, it is our duty to take action to minimize the danger. This may involve the disclosure of PHI to appropriate professional workers, to public authorities, or to the individual at risk. If you are at risk, we may also contact family members or others who could assist in providing protection.

PATIENT'S RIGHTS

Right to Request Restrictions -You have the right to request restrictions on uses and disclosures of PHI. We will attempt to accommodate reasonable requests, but we are not required to agree to a restriction.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications by alternative means and locations (For example, you may request that bills or other correspondence be sent to another address).

Right to Inspect and Copy - You have the right to inspect and obtain a copy of PHI in our clinical and billing records 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. A fee may be charged for copies.

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 Accounting - You have the right to receive an accounting of disclosures of PHI. 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.

Your signature below indicates that you have read the Notice of Privacy Policies and Practices, have received a copy, and agree to abide by its terms during our professional relationship.

Printed Name of Client

Client Signature (or guardian if a minor)

Date

Psychologist (Witness)

Date

