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NOTICE OF PRIVACY PRACTICES Effective 1/8/16

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

I. Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations The U.S. Department of Health and Human Services established a Privacy Rule to implement the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under this Privacy Rule, the office 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, including your diagnosis, symptoms, and your history. • “Treatment, Payment and Health Care Operations” – Treatment is when a health care provider provides, coordinates, or manages health care services. If you are referred to another health care provider, your PHI may be shared in order to facilitate the referral. Professionals may also consult with each other and discuss your PHI in order to enhance your treatment. – Payment includes various activities in order for the health care provider to get paid. If you are utilizing insurance coverage for your care, required PHI will be shared with your insurance carrier 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 the 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 the office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. • “Disclosure” applies to activities outside of the office, such as releasing, transferring, or providing access to information about you to other parties. • Other uses and disclosures not described in the Privacy Notices will be made only with authorization from the individual; • Patients have the right to restrict certain disclosures of PHI to health plans/insurance companies if the patient pays out of pocket in full for the health care service; and • Affected patients have the right to be notified following a breach of unsecured protected health information.

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II. Uses and Disclosures Requiring Authorization: We may use or disclose PHI for purposes outside of treatment, payment, or 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 or health care operations, we will obtain an authorization from you before releasing this

information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes the psychologist has made about conversations during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

If we both agree, we may exchange information by email, text (SMS) message, or another electronic method. You may also request electronic copies of your PHI (sometimes called e-PHI). Before doing so, however, you should know that these forms of communication are not secure.

I will also obtain an authorization from you before using or disclosing PHI or Psychotherapy Notes in a way that is not described in this Notice.

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 (1) the provider has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization: The office may use or disclose PHI without your consent or authorization when required by law or for reasons of public health and safety. For example, • Child Abuse – If psychologists have reason to believe that child abuse or neglect has occurred or that there exists a substantial risk that child abuse or neglect may occur in the reasonably foreseeable future, they must immediately report the matter to the appropriate authority. • Adult and Domestic Abuse – If psychologists, in the performance of their professional or official duties, know or have reason to believe that a dependent adult has been abused and is threatened with imminent abuse, they must promptly report the matter to the appropriate authority. • Health Oversight Activities – If the Hawaii Board of Psychology is investigating a psychologist’s competency, license or practice, he/she may be required to disclose protected health information regarding you. • Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the counseling or psychotherapy services provided to you and/or the records thereof, such information is privileged under Hawaii law, and the psychologist shall not release information without the written authorization of 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

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evaluation is court ordered. The psychologist shall inform you in advance if this is the case. • Serious Threat to Health or Safety – Psychologists may disclose protected health information regarding you where there is clear and imminent danger to you or another individual or to society, and then only to appropriate professional workers, public authorities, or individuals who may protect you or the public. If you are at risk, the psychologist may also contact family members or others who could assist in providing protection. • Worker’s Compensation – If you have filed a worker’s compensation claim, the

psychologist may be required to disclose PHI about any services he/she have provided to you that are relevant to the claimed injury. • When allowed by federal or state laws or regulations. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency, to a coroner or medical examiner, for public health purposes related 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.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights • 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 a psychologist. On your request, we will send your bills to another address.) • Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. For example, you may request that I not disclose PHI to your health plan for services that you have paid for out-of-pocket. With limited exceptions, I am required to honor that request. • Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in your 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. On your request, we will discuss with you the details of the accounting process. • Right to a Paper Copy – You have the right to obtain a paper copy of the notice from our office 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.

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• Right to be Notified if There is a Breach of Your Secured PHI – You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist'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. • With limited exceptions, we are required to advise you of any breach of your PHI privacy of which we may become aware. • 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 a revised notice.

V. Complaints If you are concerned that we have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the Psychology Licensing Division of the State of Hawaii's Department of Commerce and Consumer Affairs. Or, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VI. Effective Date, Restrictions, and Changes to Privacy Policy This notice is effective as of January 8, 2016. 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. We will provide you with a revised notice.

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications. My signature below attests that I have read and understood the above information in entirety. I agree to accept and abide by these policies regarding confidentiality and exceptions to confidentiality.

Printed Name of Patient or Guardian Date

Signature of Patient or Guardian Date