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Daybreak Counseling

Clinical and Consulting Psychology

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Notice of Policies and Practices to Protect the Privacy of Your Health Information

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.

Effective date: January 1, 2007

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice when information is requested.



I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I 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" (Protected Health Information) refers to health information about you which includes any health information received or created by this office.

"Health information" is information in any form that relates to any past, present, or future health of an individual.

"Treatment, Payment and Health Care Operations"

- Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.

- Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for services we provide or to determine eligibility or coverage. Usually these disclosures are limited to demographic and brief diagnostic information about you.

- Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are the services I provide you as your psychologist as well as the administrative services such as the billing and scheduling that we do. "Use" applies to activities within my office that pertains to you, such as handling your paperwork and insurance claims.

"Disclosure" applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose confidential information (including

but not limited to PHI) for purposes of treatment, payment, and healthcare operations when your written informed consent is obtained. I may use or disclose PHI for purposes outside of treatment, payment, and 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, joint, or family counseling session. These notes are given a greater degree of protection than PHI.

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) I have relied on that authorization for disclosures already made; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse or Neglect: If I have reasonable cause to believe that a child with whom I have had contact has been abused or neglected, I may be required to report the abuse or neglect. Additionally, if I have reasonable cause to believe that an adult with whom I have had contact has abused or neglected a child, I may be required to report the abuse. In any child abuse/neglect investigation, I may be compelled to turn over PHI. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

Abuse of Mentally ill or Developmentally Disabled Adults: If I have reasonable cause to believe that a mentally ill or developmentally disabled adult, who receives services from a community program or facility has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that any person with whom I

come into contact has abused a mentally ill or developmentally disabled adult, I may be required to report the abuse. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

Other Abuse: I may have an ethical obligation to disclose your PHI to prevent harm to you or others.

Health Oversight: The Ohio State Board of Psychology may subpoena relevant records from me should I be the subject of a complaint.

Judicial or Administrative Proceedings: Your PHI may become subject to disclosure if any of the following occur:

1. If you become involved in a lawsuit, and your mental or emotional condition is an element of your claim, or
2. A court orders your PHI to be released, or orders your mental evaluation

Serious Threat to Health or Safety: I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. I must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.

Worker's Compensation: If you file a worker's compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that involved in the worker's compensation claim.

Changes to Notice of Privacy Practices: I will provide you with a revised Notice by posting a copy in my office.

IV. Patient's Rights and Psychologist's Duties

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.

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 me. Upon your request, I will send your bills to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I 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. I may deny your request. On your request, I 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy of PHI – You have the right to obtain a paper copy of this notice from me upon request, even if you have requested a copy this notice electronically.

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will make them available upon request.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me, Ed Wojniak, PhD, Psychologist at

614.268.3939.

If you believe that your privacy rights have been violated and wish to file a complaint with *me/my* office, you may send your written complaint to Ed Wojniak, PhD at 3620 N. High Street, Suite 209, Columbus, Ohio 43214.

You may also send a written complaint to the
Ohio State Board of Psychology
Vern Riffe Center for Government and the Arts
77 S. High Street, Suite 1830
Columbus, OH 43215-6108
phone (614) 466-8808.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.