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NOTICE OF PRIVACY PRACTICES

What is the purpose of the Notice of Privacy Practices?

These four pages are a Notice of Privacy Practices. I will call it simply the “notice” in the rest of this document. There are several purposes for the notice. One purpose is to educate you, the consumer, about (a) how your psychological and medical information may be used and shared, and (b) how you can get access to this information. The other purpose is to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements that health providers that meet certain criteria must provide such a notice.

In an effort to keep this notice more reader friendly, I have put the information in this notice in a question and answer format. Please review this notice carefully.

What are the different types of health information?

First, there is the broad category of *protected health information*. This refers to information in your health record that could be used to identify you. Billing claim forms and progress notes with your name attached are examples of such records. For readability's sake, I will often shorten the phrase from “protected health information” to just “health information” in the rest of this notice.

Then, there is a special subset of protected health information called *psychotherapy notes*. These are notes I have made about a session which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than health information. I usually only keep psychotherapy notes under limited circumstances, such as if there are sensitive details in your life that we both agree are not necessary to be seen by third parties.

Which uses of my information require my consent?

I may use your health information for treatment, payment, and health care operations with your consent.

What are 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 health care. Examples of payment are when I provide information to your health insurer to obtain reimbursement for your health care, or to determine eligibility or coverage.

- *Health Care Operations* are things I do that relate to the running of my 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.

Which uses of my information require my authorization?

I may use or share your health information for other reasons besides treatment, payment, and health care operations, but only with your authorization. An “authorization” is written permission above and beyond the general consent that permits sharing of specific information. When I am asked for information above and beyond what is permitted with your consent, I will obtain an authorization from you before releasing this information. Sometimes authorizations are called “releases.” I will also need to obtain an authorization before (a) releasing your psychotherapy notes, (b) using health information for marketing purposes (for example, sending communications to clients about new services I am offering), or (c) releasing your protected health information for any use or purpose not described in this privacy notice.

You may revoke or cancel all authorizations of health information or psychotherapy notes at any time. The cancellation must be in writing. The cancellation does not affect information that I have already requested or received. Nor can it be canceled if (a) the authorization was a condition of obtaining insurance coverage and (b) the law provides the insurer the right to contest a claim under the policy.

When can information be provided to others without my consent or authorization?

I may use your information without your consent or authorization at the following times:

- **Child Abuse:** If I have reasonable cause to believe that a child has been abused or neglected, I am required by law to report such information within 24 hours to the Commissioner of the Department of Children and Families or its agent.
- **Abuse of a Vulnerable Adult:** If I have reasonable cause to believe that an elderly or disabled adult has been abused, neglected, or exploited, I am required by law to report this information within 48 hours to the Commissioner of Aging and Disabilities or its agent.
- **Health Oversight:** If I receive a subpoena for records from the Vermont Board of Psychological Examiners in relation to a disciplinary action, I must submit such records to the Board.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information or records about the professional services that I have provided to you, such information is privileged under state law, and I must not release this information without written authorization from you, your legally appointed representative, or a court order. This privilege does not apply when I am performing an evaluation for a third party or where the evaluation is court ordered. I will inform you in advance if this is the case.

- ▯ **Serious Threat to Health or Safety:** If I know that you pose a serious risk of danger to an identifiable victim, I am required by law to exercise reasonable care to protect the potential victim. This may include sharing your relevant confidential information with those people as necessary to address the problem. Also, I may disclose your confidential information if you threaten to cause harm to property in a manner that could pose a risk of imminent, serious harm to yourself or another person. Arson would be one example of such a risk.

What are my rights as a patient?

- ▯ *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of your health information. I am *not* required by law to grant all requests, but will do my best to give your request the serious review and consideration it deserves. To request a restriction, send written request to the address listed on page 4 of this notice.
- ▯ *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of health information 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. To request alternative communications, send written request to the address listed on page 4 of this notice.
- ▯ *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of psychological or medical information in my mental health and billing records used to make decisions about you for as long as the information is maintained in the record. To request an inspection or copy, send written request to the address listed on page 4 of this notice.. Administrative fees may apply.
- ▯ *Right to Amend* – You have the right to request an amendment of your health information for as long as the information is maintained in the record. I am *not* required by law to grant all requests, but will do my best to give your request the serious review and consideration it deserves. To request an amendment, send written request to the address listed on page 4 of this notice.
- ▯ *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of your health information. To request an accounting of disclosures, send written request to the address listed on page 4 of this notice.
- ▯ *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically. To request a copy, send written request to the address listed on page 4 of this notice.
- ▯ *Right to Restrict Certain Disclosures to a Health Plan* – If you pay out-of-pocket in full for the healthcare service, you have the right to restrict certain disclosures of health information to a health plan.
- ▯ *Right to Be Notified of Breach of Unsecured Protected Health Information* – You have the right to receive timely notification of a breach of any of your unsecured health information.

What are the psychologist's duties?

- I am required by law to maintain the privacy of your health information and to provide you with this notice.
- If I make any significant changes to the policies and practices described in this notice, the changes do not take effect until you have been notified of them.
- I will notify you of any significant changes at the earliest opportunity, in person or by mail.

What if I have further questions or concerns?

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 by phone at (802) 985-9191.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me at the following address:

Milton J. Marasch, Ph.D.
145 Pine Haven Shores Road
Suite 1062
Shelburne, VT 05482

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

You have specific rights under the HIPAA Privacy Rule. I will support your right to file a complaint without retaliation.

What is the effective date of this notice?

This revised notice will go into effect on 9/23/2013 and takes the place of any previous notice. Note that the changes in this revision are largely to add in new patient rights. I reserve the right to make future revisions.

Implemented: 3/1/2009
Revised: 9/23/2013