

## MAINE NOTICE FORM

### Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Mental 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.

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

**Hidden Springs Psychological Services** may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- **"PHI"** refers to information in your health record that could identify you.
- **"Treatment, Payment, and Health Care Operations"**
  - **Treatment** is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when Dr. Paradis consults with another health care provider, such as your family physician or another psychologist.
  - **Payment** is when we obtain reimbursement for your health care. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - **Mental Health Care Operations** are activities that relate to the performance and operation of this practice. Examples of mental 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 this office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **"Disclosure"** applies to activities outside of this office, such as releasing, transferring, or providing access to information about you to other parties.
- **"Authorization"** is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

## **II. Other Uses and Disclosures Requiring Authorization**

Hidden Springs Psychological Services may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. 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.

You may revoke all such authorization of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) We have 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 without Authorization**

Hidden Springs, Inc. may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse**—If Dr. Paradis knows or has reasonable cause to suspect that a child has been abused or neglected, the matter must be reported to the appropriate authorities as required by law.
- **Adult and Domestic Abuse**—If Dr. Paradis suspects that an adult has been abused, neglected, or exploited and has reasonable cause to suspect that the adult is incapacitated or dependent, the matter must be reported to the appropriate authorities as required by law.
- **Health Oversight Activities**—Dr. Paradis may disclose PHI to the Maine Board of Examiners of Psychologists, or one of its representatives, pursuant to standards or regulations for regulations, accreditation, licensure, or certification.
- **Judicial and Administrative Proceedings**—If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and information will not be released 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 evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety**—If, in Dr. Paradis's reasonable professional judgment, it is believed that you pose a direct threat of imminent harm to the health and safety of any individual, including yourself, your PHI may be disclosed to the appropriate persons.
- **Worker's Compensation**—Dr. Paradis may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

#### **IV. Patient's Rights and Psychologist's Duties**

##### **Patient's Rights:**

- **Right to Request Restrictions**—You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to any or all restriction(s) 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 Dr. Paradis. Upon your request, your bills will be sent to another address.)
- **Right to Inspect and Copy**—You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. You may be denied access to your PHI under certain circumstances, but in some cases you may have this decision reviewed.
- **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 us upon request, even if you have agreed to receive the notice electronically.

##### **Psychologist's Duties**

- 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 the policies and procedures are revised, we will provide you with a revised notice by mail.

#### **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision Hidden Springs, Inc. makes about the access to your records, or have other concerns about your privacy rights, you may contact the office at (207)929-5454.

If you believe that your privacy rights have been violated and wish to file a complaint with the office, you may send your written complaint to Dr. Paradis at Hidden Springs, Inc.

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

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

**VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on date of intake for services: \_\_\_\_\_.  
\_\_\_\_\_ (Please initial)

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 by mail.