

Growing Harmony Services, LLC
Linda Tremblay, MA, LCMHC, MLADC
Offices Located: Dover & Pittsfield, NH
Mailing Address: PO Box 274, Northwood, NH 03261
603-661-7345 www.lindatremblaytherapy.com

NEW HAMPSHIRE NOTICE FORM

Notice of Psychotherapists' 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.

A. 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” refers to information in your health record that could identify you

“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 mental health provider.

-Payment is when I obtain reimbursement for your healthcare.

Examples of payments are when I disclose your PHI to your health insurer 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 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.

“Use” applies only to activities within my practice, such as sharing with supervisor, employing, applying, utilizing, examining, and analyzing information that identify you.

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

B. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained (a written, signed release). I will obtain an authorization from you prior to 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, group, joint or family counseling session, which I have kept in your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations at anytime, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization; or 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.

C. 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/Neglect: If I have a reason to suspect that a child has been abused or neglected, I am required by law to report this to the Bureau of Child and Family Services.

- * Adult Abuse/Neglect: If I suspect or have a good faith reason to believe that any incapacitated adult has been subject to abuse, neglect or exploitation, or is living in hazardous condition, I am required by the law to report that information to Adult Protection Services.
- * Health Oversight: If the NH Board of Mental Health Practice or Board of Alcohol and Other Drug Abuse Professional Practice conducting an investigation, then I am required to disclose your mental health records upon receipt of a subpoena from the Board.
- * Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that I provided you and/or the records thereof, such information is privileged under state law, and I may not release information without your written authorization or a court order signed by a judge.
- * Serious Threat to Health or Safety: If you have communicated to me a serious threat of physical violence against a clearly identified or reasonable identifiable victim or victims, or if you have made a serious threat of substantial damage to real property, I am required by law to take reasonable precautions to provide protection from such threats by warning the victim or victims of your threat and to notify the police department closest your residence or the potential victim's residence, or obtain your civil commitment to the state mental health system.

D. Patient's/Consumer's Rights and Psychotherapist's Duties

Patient/Consumer Rights

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- * 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 in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, I will discuss with you the details of the request 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 provided neither consent nor authorization (as described in Section C of the Notice). On your request, I 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 me upon request, even if you have agreed to receive the notice electronically.

Psychotherapists' Duties

- * 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 notify you by mail.

E. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

F. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

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 US Mail.