

DAWSON PSYCHOLOGICAL ASSOCIATES

PRIVACY NOTICE

Effective 09/01/2013

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED; AND, HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This document describes the type of information we gather about you (or your minor child or ward), with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to the confidentiality of your health care information and the right to approve or refuse the release of specific information except when the disclosure is required by law. If the practices described in this document meet your expectations, there is nothing you need do. If you prefer that we not share information, we may honor your written request in certain circumstances described below. If you have any questions about this notice, please contact our Privacy Officer at the address below.

WHO WILL FOLLOW THIS NOTICE

This notice describes our organization's practices regarding the use of your health care information and that of:

- Any health care professional authorized to enter information into your chart or health care record.
- All employees, staff, and other personnel who may need access to your information.

All staff in our organization may share health care information with each other for treatment, consultation, payment, or health care purposes described in this notice. In sharing information, we use the least amount of information deemed necessary to accomplish the purpose of the procedure and only reveal information to those staff members having a need to know the information.

OUR PLEDGE REGARDING HEALTH CARE INFORMATION

We understand that health care information about you and your health is personal. Protecting health care information about you is important to us. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our organization, whether made by health care professionals or other personnel. This notice will tell you about the ways in which we may use and disclose health care information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health care information. We are required by law to:

- Keep health care information that identifies you private in most circumstances.
- Give you this notice of our legal duties and privacy practices with respect to health care information about you.
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH CARE INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose health care information. For each category of uses or disclosures we will provide some examples. Keep in mind that not every use or disclosure in a category will be listed.

For Treatment

We may use health care information about you to provide you with health care treatment or services. We may disclose health care information about you to other psychologists on our staff, or other professionals who are involved in taking care of you. For example, the psychologist who is on call may need to be given certain information about you in order to properly handle an emergency contact you might initiate after-hours. Should it become necessary for the psychologist to arrange emergency in-treatment or other emergency intervention, information about your condition may need to be conveyed to hospital staff or commitment authorities.

For Consultation

At times, your treating psychologist or other health care professional may need to consult with another professional regarding a particular aspect of your assessment or treatment, in which the consultant has special expertise or for which a decision must be made that is best done with the benefit of a second opinion. For example, if you are being seen by a psychologist whose practice does not involve treatment of young children, a question you ask about dealing with a child's symptoms may require your therapist to consult with a colleague who regularly sees children and has considerable experience in helping parents facing similar difficulties.

For Payment

We may use and disclose health care information about you so that the treatment and services you receive may be billed to, and payment may be collected from: you, an insurance company, or a third party. For example, your insurance company may need to know your diagnosis so they will pay us or reimburse you for psychotherapy. We may also use and disclose health care information about you to obtain prior approval or to determine whether your insurance will cover the treatment. However, if you are paying in full for the services you receive at our office, you have the right to request a restriction of information to your insurance company, even if you have previously given permission for that information to be disclosed.

For Quality of Health Care Purposes

We may use and disclose health care information about you for health care purposes. This is necessary to make sure that all of our patients receive quality care. For example, if you are receiving services from a therapist or diagnostician who is not yet licensed to practice independently, your therapist must be able to discuss your assessment and treatment with the licensed supervisor, who is ultimately responsible for your care.

Appointment Reminders

We may use and disclose health care information to contact you as a reminder that you have an appointment for treatment or health care. This information will be limited to the fact that an appointment is being made with one of our staff members and appointment details such as time and date being offered, estimated duration of the visit, and similar information.

Research

Under certain circumstances, we may use and disclose health care information about you for professional teaching or research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one form of psychotherapy to those who received another for the same condition. However, under no circumstances will such reports include identifying information such as your name, address, or other information that reveals who you are.

To Fulfill Legal Reporting Duties

When child abuse, elder abuse, or the abuse of disabled or incompetent individuals is known or reasonably suspected, such abuse must be reported to a state protective services agency for investigation. Under certain circumstances, psychologists and psychiatrists also have a duty to protect clearly identified potential victims when an immediate threat of physical violence has been made against them. In such cases, the potential victim must be warned and the appropriate law enforcement authorities notified.

Lawsuits and Disputes

We may disclose health care information about you in response to a lawful order from a court. Generally, the law protects confidentiality by defining doctor/patient privilege against discovery in the course of the legal process. However, there are exceptions. Privilege cannot be claimed when the validity of a will of a deceased former patient is contested or his mental or emotional condition is at issue in a legal proceeding; where such information is necessary for the defense of a psychologist in a malpractice action brought about by the patient; in a civil commitment proceeding when an immediate threat or self-inflicted damage has been disclosed to a psychologist; where the patient claims mental or emotional damage in a legal proceeding; where the person is evaluated in obedience to a court order; or where the psychology board is conducting an investigation based on the patient's complaint. In general, the ruling of the court determines whether we will disclose information about you in legal proceedings.

YOUR RIGHTS REGARDING HEALTH CARE INFORMATION ABOUT YOU

You have the following rights regarding health care information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy health care information that may be used to make decisions about your care. Usually this includes health care and billing records, but does not include psychotherapy notes. To inspect and copy health care information that may be used to make decisions about you, you must submit your request in writing to your primary therapist, the Director, or to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health care information, you may request that the denial be reviewed. Another licensed health care professional chosen by our organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that health care information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. Your request must be made in writing and submitted to your primary therapist, to the director, or to our Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health care information kept by our organization;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of your health care information. To request an accounting of disclosures, you must submit your request in writing to your primary therapist, our Director, or our Privacy Officer.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health care information we use or disclose about you for treatment, payment, or health care operations. In most cases, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our Privacy Office at the address below. In your request, you must tell us:

- What information you want us to limit;
- Whether you want to limit our use, disclosure, or both; and
- To whom you want the limits to apply.

We must agree to your request to restrict disclosure of health care information about you if and only if:

- The disclosure is for the purpose of obtaining payment and is not otherwise required by law, and;
- The health care information pertains solely to a service that you have paid for in full.

For example, if you pay in full for your appointment, you have the right to request that we not disclose any health care information to your insurance company, even if your permission was given previously.

Right to Request Confidential Communications

You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to your primary therapist or to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Notification of a Breach of Your Health Care Information

We take great care to ensure that your health care information remains private and confidential. However, in the event of a breach of unsecured health care information, you will be notified upon discovery of the breach.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice at any time. To obtain a paper copy of this notice, request one from any staff member.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health care information we already have about you as well as any information we receive in the future. If you are in active treatment, we will automatically provide you with a copy of the changes.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer, the Louisiana State Board of Examiners of Psychologists, or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact our Privacy Officer at the address

and phone number listed below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF HEALTH CARE INFORMATION

Other uses and disclosures of health care information not covered by this notice or the laws that apply to us—including, but not limited to marketing and sales purposes—will be made only with your written permission. If you give us permission to use or disclose health care information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, thereafter we will no longer use or disclose health care information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

PRIVACY OFFICER:

C. Gary Pettigrew, Ph.D.

Privacy Officer

7510 Highland Road, Baton Rouge, LA 70808

Telephone: (225)766-2822

Fax: (225)766-2823

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