



## Neuro/Psychological Testing

300 Creek View Road, St 101B  
Newark, DE 19711

### NOTICE of PRIVACY PRACTICES

This Notice is being provided to you by the staff at **Creekview Psychological Assessment Center, PA**. All providers and staff are required by law to maintain the privacy of your Protected Health Information (PHI), including PHI that we keep in electronic form (ePHI). This Notice will help explain to you how we maintain your records, among other things. We are also required to inform you of our legal obligations and how this impacts the privacy protections for your health information.

**PROTECTED HEALTH INFORMATION** (PHI) is any documentation that identifies you; relates to your past, present or future mental health needs; relates to the care provided; or relates to the past, present or future payment for your care. PHI typically includes your symptoms, diagnoses, the treatment provided to you, information that may be provided about you by others who have been involved in your care, and billing and payment information relating to your care. PHI may come in traditional paper form or be kept and communicated in electronic form, referred to as ePHI. Examples of ePHI include any records we keep on the computer and/or on cloud based programs. This Notice applies to both formats.

#### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT YOUR PERMISSION:**

A record of your treatment is maintained confidentially. Your written permission is required to disclose any information in your record to a third party in almost all situations. Providers may use or disclose PHI/ePHI *without* your authorization in the following circumstances:

- **There are limits on our confidentiality when you or other persons are in physical danger:**
  - a. If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person.
  - b. If you seriously threaten, or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you.
  - c. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life.
  - d. If I believe or suspect that you are abusing a child, an elderly person, or a disabled person I must file a report with a state agency.
  - f. Please bear in mind that I if you should decide to instigate any legal proceedings against me for any reason I will no longer be able to guarantee confidentiality.
- **We may occasionally consult with other health and mental health professionals** about your case. If so we make every effort to avoid revealing your identity. These professionals are legally also bound to keep the information confidential.
- **If you are involved in a court proceeding** and there is a request concerning the services provided you we will seek your written authorization prior to disclosing any information. If disclosure is contraindicated a court order may be needed to protect your records.
- **Should you elect to use insurance benefits** to pay for a psychological assessment or psychotherapy your insurance company has the rights to information about your diagnosis, symptoms, history and substance abuse issues (if any). We can provide no assurance that the confidentiality of your information will be maintained.
- **Joint Activities and Your Treatment:** Your PHI may be used and shared by the Providers to further their joint activities and with other individuals or organizations that engage in your treatment, payment or healthcare operational activities with the Providers. Health information is shared when necessary to provide clinical care services and to secure payment for services provided. Examples of such disclosures include letting your psychiatrist know about your response to prescribed mental health medications and communicating between Providers about shared clients, such as in family counseling.
- **To Contact You:** Your PHI may be used to call you or send you a letter about your care, for appointment reminders if you choose that service, to provide you with treatment options, or to advise you about other health-related benefits and services.
- **For Payment Purposes:** We may use your PHI/ePHI to prepare claims to your insurance company. We will include information that identifies you, as well as your diagnosis, dates and types of service provided, and any payments you have made.
- **When Required by Law:** We may use or disclose your health information when required by law. If this happens, disclosures will be made in compliance with the law and will be limited to the relevant requirements of the law. Examples include law enforcement reports, abuse and neglect reports, military command authorities, and reports to coroners and medical examiners in connection with death. The Providers must also comply with the Secretary of the Department of Health and Human Services for the purpose of investigating or determining its compliance with the requirements of the Privacy Rule.
- **For Healthcare Operations/Oversight:** The Providers may disclose your PHI to a health oversight agency, such as a government agency, for activities authorized by law, such as for professional licensure and for healthcare operations, such as seeking reimbursement from an insurance company.

- **Business Associates:** Your PHI may be used by Providers and disclosed to individuals or organizations that assist the Providers with their legal obligations as described in the Notice. For example, we may disclose information to consultants or attorneys who assist us in our business activities. Business Associates also contract with the Providers to assist in business operations, such as billing and administrative support. These business associates are required to protect the confidentiality of your information with administrative, technical and physical safeguards.
- **Workers Compensation:** If you file a worker's compensation claim, with certain exceptions, your therapist must make available, at any stage of the proceedings, all mental health information in his/her possession relevant to that particular injury in the opinion of the Delaware Department of Vocational rehabilitation, to your employer, your representative, or other state department upon request.

#### **USES AND DISCLOSURE WHEN YOU HAVE THE RIGHT TO OBJECT**

- **Disclosure to and Notification of Family, Friends or Others:** Unless you object, Providers may use their professional judgment to provide relevant protected health information to your family member, friend, or another person. This person would be someone that you indicate has an active interest in your care or the payment for your mental health care or who may need to notify others about your location (for example, for transportation purposes) or general condition.
- **Clinical Notes:** Notes recorded by your Provider documenting the contents of a counseling session and your care are part of your PHI. These will not be disclosed without your consent, unless for purposes already explained herein. For example, you must authorize the release of your record to your attorney, to a life insurance company, to your employer, the military, or your school. **You may revoke any such authorization at any time, provided the request is made in writing.**

#### **YOUR INDIVIDUAL RIGHTS ABOUT PATIENT HEALTH INFORMATION**

Your Specific Rights are listed below:

- **Right to request restrictions:** You have the right to request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. After you make your request to BPS, we will provide you with written notice of our decision about your request.
- **Right to request nondisclosure to health plans for services that are self-pay:** You have the right to request in writing that services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.
- **Right to receive confidential communications:** 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 a therapist. Upon your request, your therapist or this office will send your bills to another address.) To request confidential communications, you must make your request in writing to the address above and specify how or where you wish to be contacted. We will grant all reasonable requests.
- **Right to inspect and receive copies:** In most cases, you have the right to inspect and obtain copies of PHI in your therapist's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your Provider may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your Provider will discuss with you the details of the request and denial process. 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.
- **Right to request an amendment to your record:** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that your Provider amend your PHI for as long as the PHI is maintained in the record. In your request, you must give a reason for the amendment. We are not required to agree to your request but a copy of your request will be added to your record.
- **Right to know about disclosures:** You have the right to receive a list of instances when disclosures of your PHI have been made. Certain disclosures will not be included, such as disclosures for your treatment, billing, other healthcare operations, or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee.
- **Right to make complaints:** If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with the entity that provided the services to you. Or, you may file a complaint with **Creekview Assessment Center, PA**. You will not retaliate against for filing a complaint. If you believe that your privacy rights have been violated, you may also contact the US Department of Health and Human Services, Office for Civil Rights. You can get the address of the local office from us.

#### **Office for Civil Rights**

US Department of Health and Human Services  
Office of the Secretary  
200 Independence Avenue,  
Washington, D.C. 20201  
Tel: (202) 619-0257 Toll Free: 1-877-696-6775  
<http://www.hhs.gov/ContactUs.html>

#### **PROVIDERS' LEGAL DUTIES**

We are required by law to protect the privacy of your PHI and to notify affected individuals if there is a breach in the security of your PHI. We are also required to provide you with this Notice about our privacy practices, and follow the privacy practices that are described in this Notice.

#### **EFFECTIVE DATE AND CHANGES TO THE NOTICE**

This notice will go into effect on September 1, 2019 and will continue until changes are necessary.

We reserve the right to change the privacy practices described in this Notice. We may revise or change the Notice effective for protected health information we already have as well as any information we may receive in the future. We will post a copy of the current Notice at CREEKVIEW ASSESSMENT CENTER, PA and on the CREEKVIEW ASSESSMENT CENTER, PA website at [www.creekviewtesting.com](http://www.creekviewtesting.com). At any time, you may download this Notice or request a copy of the Notice when you are at CREEKVIEW ASSESSMENT CENTER, PA.

