
Erica B. Saypol, Ph.D., LLC
76 Elm Street, Suite 203
New Canaan, CT 06840
917.691.7985

HIPAA NOTICE FORM

Notice of Psychologist's 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.

I. 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 protected health information, which is demographic and health information 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 psychologist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment 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 office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
 - “Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. 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. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization, or release of information, from you before releasing this information. You may revoke all such

authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already relied on that authorization; or (2) 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. I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice.

III. 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:** If, in my professional capacity, I learn of facts, conditions, or circumstances that give me reasonable cause to suspect that a child, elderly person, or disabled person is being abused or maltreated, I must report such suspected abuse or maltreatment to the appropriate state agency.
- **Health Oversight:** If there is an inquiry or complaint about my professional conduct to the CT Board of Examiners of Psychologists, I must furnish to the CT Board of Examiners of Psychologists, your confidential mental health records relevant to this inquiry.
- **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 have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I must inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** I may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker's Compensation:** If you file a worker's compensation claim, and I am treating you for the issues involved with that complaint, then I must furnish to the chairman of the Worker's Compensation Board records which contain information regarding your psychological condition and treatment.
- **When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law.** This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.
- **There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization. However, the disclosures listed above are the most common.**

Breach Notification Addendum to Policies & Procedures

1. When Erica B. Saypol, Ph.D., LLC becomes aware of or suspects a breach, Erica B. Saypol, Ph.D., LLC will conduct a Risk Assessment. Erica B. Saypol, Ph.D., LLC will keep a written record of that Risk Assessment.
2. Unless Erica B. Saypol, Ph.D., LLC determines that there is a low probability that PHI has been compromised, Erica B. Saypol, Ph.D., LLC will give notice of the breach.
3. The risk assessment can be done by a business associate if it was involved in the breach. While the business associate will conduct a risk assessment of a breach of PHI in its control, Erica B. Saypol, Ph.D., LLC will provide any required notice to patients and HHS.
4. After any breach, particularly one that requires notice, Erica B. Saypol, Ph.D., LLC will re-assess its privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

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 PHI 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.)
- **Have the right to restrict certain disclosures of PHI to a health plan if you pay out-of-pocket in full for the healthcare service.**
- **Have the right to be notified if there is breach of your unsecured PHI.**
- **Must sign an authorization before I can release PHI for any uses and disclosures not described in your Privacy Notice.**
- **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. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial 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 neither provided consent nor authorization (as described in Section III of this 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 this notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's 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 provide you with an updated copy if you are still in therapy with me. If we have ended therapy, you may request an updated copy to be sent to you by mail.

V. Questions and Complaints

If you have questions about this notice or you disagree with a decision I made about access to your records, please contact me, Dr. Erica Saypol at (917) 691-7985 about your concerns.

If you believe that your privacy rights have been violated and wish to file a complaint with me/my office, you may send your written complaint to me at Erica B. Saypol, Ph.D., LLC 76 Elm Street, Suite 203, New Canaan, CT, 06840 or to the Secretary of the Federal Department of Health and Human Services by obtaining their contact information from the person listed above.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on July 8, 2015.

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 providing you with a paper copy at our next session from the date of revision. If you are no longer in therapy, I will provide a revised notice only at your written request.

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Acknowledgement of Receipt for Notice of Privacy Practices

By signing below, I acknowledge that I have received a copy of Erica B. Saypol, Ph.D., LLC's *Notice of Privacy Practices* and have therefore been advised of how health information about me may be used and disclosed by this practice, and how I may obtain access to and control this information. Finally, by signing below, I consent to the use and disclosure of my health information to treat me and arrange for my medical and psychological care, to seek and receive payment for services given to me, and for the business operations of this practice and Dr. Erica Saypol.

Print Name of Patient

Signature of Patient

Date

Print Name of Guardian or Patient's Personal Representative (if applicable)

Signature of Guardian or Patient's Personal Representative (if applicable)

Date

Description of Guardian or Personal Representative's Relationship/Authority

Print Name of Guardian or Patient's Personal Representative (if applicable)

Signature of Guardian or Patient's Personal Representative (if applicable)

Date

Description of Guardian or Personal Representative's Relationship/Authority

If you have any questions about this notice or would like further information, please contact the Privacy Officer at Erica B. Saypol, Ph.D., LLC, Dr. Erica Saypol.