Melanie Stone PhD HSPP

NOTICE OF PRIVACY PRACTICES (HIPAA)

Indiana Notice Form

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

Melanie Stone PhD HSPP may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes as described in this notice. The following definitions are provided to clarify these terms:

- "PHI" refers to information in your health record that could identify you.
- "Treatment" includes providing, coordinating, or managing your health care and other services related to your health care, including consultation with another health care provider such as your physician or another psychologist.
- "Payment" includes obtaining reimbursement for your health care, such as disclosing PHI to a health insurer to obtain reimbursement or determine eligibility or coverage.
- "Health Care Operations" include activities related to the performance and operation of the practice, such as quality assessment and improvement, administrative services, audits, case management, and care coordination.
- "Use" applies to activities within the practice involving information that identifies you.
- "Disclosure" applies to activities outside the practice, 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. Authorizations to disclose must be on an appropriate legally required form.

II. Other Uses and Disclosures Requiring Authorization

Dr. Stone may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. When information is requested for purposes outside of these activities, Dr. Stone will obtain an authorization from you before releasing the information.

Dr. Stone will also obtain an authorization before releasing Psychotherapy Notes. "Psychotherapy Notes" are notes made during a private, group, joint, or family counseling session that may be kept separate from the rest of your medical record. These notes receive a greater degree of protection than other PHI.

You may revoke authorizations for PHI or Psychotherapy Notes at any time, provided the revocation is in writing. A revocation is not effective to the extent that Dr. Stone has already relied on the authorization, or when the authorization was obtained as a condition of insurance coverage and applicable law gives the insurer a right to contest a claim.

III. Uses and Disclosures with Neither Consent nor Authorization

Dr. Stone may use or disclose PHI without your consent or authorization in certain circumstances, including those described below:

- Child Abuse — If Dr. Stone believes that a child is a victim of abuse or neglect, she must report that belief to the appropriate authorities.
- Adult and Domestic Abuse — If Dr. Stone believes or has reason to believe that an individual is an endangered adult, she must report that belief to the appropriate authorities.
- Health Oversight Activities — If the Indiana Attorney General's Office is conducting an investigation into Dr. Stone's practice, PHI may be required upon receipt of appropriate legal process, as described in the existing notice.
- Judicial and Administrative Proceedings — If you are involved in a court proceeding and information or records about services provided by Dr. Stone are requested, the information is treated as privileged under state law as described in the existing notice. Dr. Stone will not release information without written authorization from you or your legally appointed representative, or a court order, except where the privilege does not apply, such as certain third-party or court-ordered evaluations. You will be informed in advance when this applies.
- Serious Threat to Health or Safety — If you communicate an actual threat of violence causing serious injury or death to a reasonably identifiable victim, or present evidence of imminent danger of serious physical harm to yourself or others, Dr. Stone may disclose the minimum information she believes necessary and take appropriate protective steps.
- Workers' Compensation — Dr. Stone may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs.

IV. Patient Rights

- Right to Request Restrictions — You may request restrictions on certain uses and disclosures of PHI. Dr. Stone is not required to agree to every requested restriction.
- Right to Receive Confidential Communications by Alternative Means or at Alternative Locations — You may request confidential communications of PHI by alternative means or at alternative locations.
- Right to Inspect and Copy — You may inspect or obtain a copy of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained. Access may be denied in certain circumstances; in some cases, a denial may be reviewable.
- Right to Amend — You may request an amendment of PHI for as long as the PHI is maintained in the record. Dr. Stone may deny a request as permitted by applicable rules.
- Right to an Accounting — You generally have the right to receive an accounting of disclosures of PHI.
- Right to a Paper Copy — You may obtain a paper copy of this notice upon request, even if you have agreed to receive it electronically.

- Right to Restrict Certain Disclosures to a Health Plan — As stated in the 2013 addendum, you may have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for the relevant services.
- Right to Breach Notification — As stated in the 2013 addendum, you have the right to be notified when a breach of unsecured PHI requires notification under applicable rules.

V. Psychologist's Duties

- Dr. Stone is required by law to maintain the privacy of PHI and to provide you with a notice of her legal duties and privacy practices with respect to PHI.
- Dr. Stone reserves the right to change the privacy policies and practices described in this notice and to make revised provisions effective for PHI maintained by the practice.
- If Dr. Stone revises these policies and procedures, a revised notice will be made available as described by the practice.

VI. Breach Notification

The 2013 addendum to the existing notice states that if Dr. Stone becomes aware of or suspects a breach of confidential information, she will conduct a risk assessment and maintain a written record of that assessment. If PHI is determined to have been compromised, notice will be provided as required by the applicable compliance procedure. Privacy and security practices will be reassessed after a breach to determine whether changes are appropriate to reduce the risk of recurrence.

VII. Additional Disclosures Described in the Existing Notice

The 2013 addendum states that certain narrowly defined disclosures may be allowed without consent or authorization, including disclosures to law enforcement agencies, health oversight agencies, coroners or medical examiners, for certain public-health purposes, or for specialized government functions such as military duties, veterans' benefits, and national security and intelligence activities.

VIII. Complaints

If you are concerned that Dr. Stone has violated your privacy rights, or if you disagree with a decision made regarding access to your records, you may contact Dr. Stone at (317) 566-2810.

The existing notice also states that you may submit a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Stone can provide complaint information upon request.

IX. Effective Date and Changes to This Notice

The Notice of Privacy Practices has an effective date of April 14, 2003, with an addendum dated September 2013.

Dr. Stone reserves the right to change the terms of the notice and to make revised provisions effective for PHI maintained by the practice, as permitted by applicable requirements.