



NOTICE OF PRIVACY PRACTICES

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

Linden Behavioral Pediatrics, Inc. (hereafter referred to as LBP) and your treating psychologist may use or disclose your protected health information (PHI), for treatment and/or 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 and Health Care Operations”
 - Treatment is when LBP provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your psychologist consults with another health care professional, such as your family physician.
 - Health Care Operations are activities that relate to the performance and operation of our 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 our practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our practice group, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

LBP 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 LBP or your treating clinician is asked for information for purposes outside of treatment, payment and health care operations, LBP will obtain an





authorization from you before releasing this information. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) LBP has 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.

III. Uses and Disclosures with Neither Consent nor Authorization

LBP may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If you share information which leads to suspicion of child abuse, neglect, or death due to maltreatment, your treating clinician must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, LBP and your treating clinician must do so.
- **Adult and Domestic Abuse:** If information you share suggests that a disabled adult is in need of protective services, your treating clinician must report this to the Director of Social Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding, and a request is made for information about the professional services that LBP or your treating clinician has provided you and/or the records thereof, such information is privileged under state law, and LBP 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. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** LBP or your treating clinician 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 workers' compensation claim, LBP and your treating clinician is required by law to provide your mental health information relevant to the claim to your employer and the Ohio Industrial Commission.





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 protected health information about you. However, LBP is 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 us. Upon your request, LBP 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 our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. LBP or your treating clinician may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your treating clinician 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. LBP may deny your request. On your request, your treating clinician 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, your treating clinician 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 us upon request, even if you have agreed to receive the notice electronically.

Psychologist/Provider Duties:

- LBP and your treating psychologist are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- LBP reserves the right to change the privacy policies and practices described in this notice. Unless LBP notifies you of such changes, however, LBP is required to abide by the terms currently in effect.





- If LBP revises our policies and procedures, LBP will notify you in writing by mail within 30 days.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision LBP make about access to you records, or have other concerns about your privacy rights, please discuss this with your provider. You may contact Dr. Victoria Norton, Founder/Owner of LBP, at 440-250-9880. If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to the office at: Linden Behavioral Pediatrics, Inc., 29055 Clemens Road, Suite A, Westlake, OH 44145.

If you wish to file a complaint against your treating psychologist, you make to do by sending the name of the treating psychologist, your name and address, and a state for reason for filing a complaint to the American Psychological Association Office of Ethics, 750 First Street, NE, Washington DC, 20002-4242.

You have specific rights under the Privacy Rule. LBP will not retaliate against you for exercising your right to file a complaint.

