

# UNIVERSITY OF NOTRE DAME MARITAL THERAPY & RESEARCH CLINIC

## NOTICE FORM

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### Notice of Policies and Practices to Protect the Privacy of Your Health Information

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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.

*The privacy of your health  
information is important to us.*

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If you have any questions about this Notice,  
please contact the Clinic:

574/631-9640  
pmtrc@nd.edu

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rev. August 19, 2003

The confidentiality of your health information is always a priority at the *Notre Dame Marital Therapy & Research Clinic*. This Notice explains how we use your information to provide you with services. It also notifies you of your rights and our obligations in our use and disclosure of your health information. The law requires us to keep your health information private. We are also required to give you this Notice. You have the right to request additional copies of the Notice at any time. All staff follow the policies in this Notice.

#### **I. How We Use Your Information**

We may use or disclose your *protected health information (PHI)*, for purposes of *treatment, payment, and health care operations* and for other purposes with your *written authorization*. To help clarify these terms, here are some definitions:

“*PHI*” refers to information in your health record that could identify you.

“*Treatment, Payment, and Health Care Operations*”

- *Treatment* is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
- *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we 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 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 clinic, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of our clinic, 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. All authorizations to disclose must be on a specific legally required form. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

#### **II. Other Uses Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes.

“*Psychotherapy Notes*” are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

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) We have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

#### **III. Uses and Disclosures with Neither Consent nor Authorization**

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

*Child Abuse* – If we believe that a child is a victim of child abuse or neglect, we must report this belief to the appropriate authorities.

*Adult and Domestic Abuse* – If we believe or have reason to believe that an individual is an endangered adult, we must report this belief to the appropriate authorities.

*Health Oversight Activities* – If the Indiana Attorney General's Office (who oversees complaints brought against psychologists instead of the Indiana State Psychology Board) is conducting an investigation into our practice, then we are required to disclose PHI upon receipt of a subpoena.

*Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about the professional services we provided you and/or the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative or a court order. The 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* – If you communicate to us an actual threat of violence to cause serious injury or death against a reasonably identifiable victim or victims or if you evidence conduct or make statements indicating an imminent danger that you will use physical violence or use other means to cause serious personal injury or death to others, we may take the appropriate steps to prevent that harm from occurring. If we have reason to believe that you present an imminent, serious risk of physical harm or death to yourself, we may need to disclose information in order to protect you. In both cases, we will only disclose what we feel is the minimum amount of information necessary.

*Worker's Compensation* – We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

#### **IV. Your Rights and Our Duties**

##### **Patient's Rights:**

*Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are 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 want us to use a different address to prevent a family member from learning that you are seeing us. Upon your request, we will use an alternate address you provide.

*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. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we 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. We may deny your request. On your request, we will discuss with you the details of the amendment process.

*Right to an Accounting of Disclosures* – You generally have the right to receive an accounting of disclosures of PHI. On your request, we 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's Duties:**

We 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.

We reserve the right to change the privacy policies and practices described in this Notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, we will notify you at your next session or else by mail.

#### **V. Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the *Director* of the Clinic, Dr. David A. Smith, by phone at: 574/631-7763; or else by mail at: Department of Psychology, 118 Haggard Hall, 46556-5666. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Smith can provide you with the appropriate address upon request. You will not be retaliated against or penalized for filing a complaint.

#### **VI. Effective Date, Restrictions, and Changes to Privacy Policy**

We will further limit the uses or disclosures that we will make as follows:

All information obtained during couples assessment / therapy will be kept in a single chart. In order for either partner to access or release information, we must have authorization from both partners.

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. We will provide you with a revised Notice at your next session or else by mail. We will keep a current copy of the Notice on display in our office and on our website ([www.nd.edu/~pmtrc](http://www.nd.edu/~pmtrc)).

The regulations require that we obtain your signature acknowledging receipt of this Notice. We will ask you to acknowledge in writing that this statement was received.

This Notice is meant to replace any and all Notices that came before it, and is effective on August 19, 2003.