

IV. Questions and Complaints

- If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact Tracey Guertin, Ph.D. or Caroline Fisher, M.D., Ph.D. at 508-835-1735.
- If you believe your privacy rights have been violated and wish to file a complaint with the office, you may send your written complaint to Tracey Guertin, Ph.D. or Caroline Fisher, M.D., Ph.D. at 508-835-1735. 148 Worcester St., West Boylston, MA, 01583.
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services in Washington, D.C.
- You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

Pediatric Behavioral Health, LLC
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Pediatric Behavioral Health

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

Effective: October 1, 2003

THIS NOTICE DESCRIBES HOW MENTAL HEALTH 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 of PHI for Treatment, Payment, and Health Care Operations

- Protected Health Information (PHI) is any information in your health record that could identify you. Members of our workforce may only access the minimum amount of PHI that they need to complete their assigned task.
- When you visit Pediatric Behavioral Health, we use and disclose your PHI to treat you, to obtain payment for services and to conduct normal business known as health care operations.
 - *Treatment* includes documentation of each visit. This documentation may include test results, diagnoses, medications, interventions and your response to interventions. Typically this information is used to coordinate and manage your health care services. An example of treatment would be when we consult with your primary care physician.
 - *Payment* is when we disclose your PHI to your health insurer to obtain reimbursement for your mental health services or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of the 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.

II. Disclosure Without Consent or Authorization

- Typically, any release of PHI for purposes outside of treatment, payment, and health care operations require your signed consent or authorization.
- We may use or disclose PHI without your consent or authorization in the following circumstances:
 - *Abuse or Neglect*: To protect children and elderly persons from physical or emotional abuse or neglect, we are legally required to report any concerns to the appropriate state agency (e.g., DSS).
 - *Health Oversight*: Should we be the focus of an inquiry, federal and state agencies have the power to subpoena relevant records.
 - *Serious Threat to Health or Safety*: If you communicate to us an explicit threat upon an identified person, we must take reasonable precautions.
 - *Worker's Compensation*: If you file a workers' compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Worker's Compensation.

III. Our Responsibilities

- Pediatric Behavioral Health is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties

and privacy practices. We reserve the right to change the privacy policies and make the new practices effective for all the information we maintain. Revised notices will be posted in our facilities and copies will be available from our office.

IV. Your Rights

You have the right to:

- Request that we restrict how we use or disclose your medical information (we are not required to abide by your request).
- Request that we use that we use a specific telephone number or address to communicate with you.
- Inspect and/or copy PHI and psychotherapy notes in your mental health and billing records. We may deny access to PHI under certain circumstances, but you have the right to have this decision reviewed.
- Obtain a paper copy of this notice upon request.
- Receive an accounting of how your PHI was disclosed for which you have neither provided consent nor authorization.
- Request an amendment of PHI for as long as the PHI is maintained in the record. We may deny the request.
- Register a complaint.