

## **NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **UNDERSTANDING YOUR MEDICAL RECORD**

Each time you visit Milwaukee Area Psychological Services, S.C. (MAPS), a record of your visit is made. Typically, this record documents your symptoms, any test results, diagnosis, treatment provided, and a plan for future treatment. This information is kept in your medical record. Thus, the medical record serves as:

- a basis for planning your care and treatment
- a means of communication among the health professionals who contributed to your care
- a legal document describing the care you received
- a means by which you can verify that services billed were actually provided
- a tool with which we can assess and work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you both to ensure its accuracy and to make more informed decisions when authorizing disclosure to others. This document will help you better understand who, what, when, where and why others may access your health information.

### **YOUR HEALTH INFORMATION RIGHTS**

Your health record is the physical property of MAPS, but information in it belongs to you. You have the right to:

- review and get photocopies of your health information, with limited exceptions
- request a restriction, subject to our agreement, on certain uses and disclosures of your information
- request that we amend your health information
- review and obtain a paper copy of this Notice of Health Information Privacy Practices upon request
- obtain an accounting of disclosures of your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last six years
- request communications of your health information by alternative means or to alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

MAPS has forms for you to request any of these actions.

### **MAPS RESPONSIBILITIES REGARDING YOUR MEDICAL RECORD (HEALTH INFORMATION)**

MAPS is required by law to maintain the privacy of your health information.

This notice meets MAPS' responsibility to provide you with a notice as to our legal duties and privacy practices with respect to your health information. MAPS is required to abide by the terms of this notice, and to notify you if we are unable to agree to a restriction to your health information that you requested. We will let you know promptly if a breach has occurred which might have compromised the privacy or security of your information. MAPS is further required to accommodate reasonable requests you may have to communicate your health information by alternative means or to alternative locations.

MAPS reserves the right to change our practices and to make the new provision effective for all protected health information we maintain, including that obtained prior to the change. Should our information practices change, we will inform you.

Upon request, MAPS will provide a copy or summary of your health/claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **EXAMPLES OF DISCLOSURES WITH OR WITHOUT YOUR SPECIFIC AUTHORIZATION**

**With or without your permission,** we will use your health information for the following purposes:

- **Treatment-** Information obtained at MAPS by any therapist or clinician working with you will be recorded in your medical record and will be used to determine the course of treatment that should work best for you. Your information may be discussed with other MAPS professionals to determine the best possible treatment. Be assured that all MAPS personnel are bound by privacy, confidentiality and security rules and regulations. They are prohibited, under penalty of dismissal from employment and prosecution by law, from disclosing your information.
- **Payment-** If applicable, a bill may be sent to you or a third party payer. Information on or accompanying the bill may reveal your identity, diagnosis(es), and treatment procedures.
- **Healthcare operations within MAPS-** Members of the staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality and effectiveness of the healthcare and service we provide.

- **As required by law to prevent harm-** As required by law, we may disclose your health information to appropriate authorities to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- **As required by law to report child abuse-** As required by law, if your therapist has reasonable cause to suspect that a child seen in the course of their professional duties has been abused or neglected, or has reasons to believe that a child seen in the course of their professional duties has been threatened with abuse or neglect, and that abuse or neglect of the child will occur, we must report this to the appropriate authorities.
- **As required by law to report vulnerable adult and elder abuse-** As required by law, we must report vulnerable adult or elder abuse or neglect to the appropriate authorities.
- **As required by law for national security, health oversight and law enforcement-** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**EXAMPLES OF DISCLOSURES ALLOWED ONLY WITH YOUR AUTHORIZATION**

**With your permission,** we may use your health information or disclose it to others for other purposes. If you give us such authorization, you may revoke it in writing at any time but that revocation will not affect any use or disclosures permitted by your authorization while it was in effect. We will not use or disclose your health information without your written authorization, except as described above. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. MAPS will make sure the person has this authority and can act for you before we take any action.

- **Ongoing Treatment with Another-** You may request that we disclose information to a doctor or other healthcare provider.
- **Worker’s Compensation-** You may request that we disclose information to comply with laws relating to workers compensation or other similar programs established by law.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, please ask your clinician. They will provide you with additional information or put you in contact with the MAPS privacy officer or the US Department of Health and Human Services.

If you are concerned that your privacy rights have been violated, or if you disagree with a decision we have made about access to your health information, or if you would like to make a request to amend or restrict the use or disclosure of your health information, you may contact:

The privacy officer for MAPS: Dr. Leslie Skaistis, Psy.D., L.P.

If you believe your privacy rights have been violated, you can also file a complaint with the Secretary of US Department of Health and Human Services. We will provide you with the address for filing a complaint with the US Department of Health and Human Services upon request.

We respect your right to the privacy of your health information. There will be no retaliation in any way for filing a complaint with us or the US Department of Health and Human Services.

For more information about your rights and MAPS responsibilities, please see:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

This notice goes into effect as of February 1<sup>st</sup>, 2015.

**By my signature below, I acknowledge that I have reviewed the Notice of Health Information Privacy Practices.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Please print name