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## NOTICE OF PRIVACY PRACTICES

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

### GENERAL INFORMATION:

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Confidentiality Law, Part 2. Under these laws I may not say to a person outside my practice/office that you attend therapy with me, nor may I disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information excepts as permitted by federal law. As required by "HIPAA" which went into effect on April 14, 2003, I have prepared this explanation of how I am required to maintain the privacy of your health information and how I may use and disclose your health information.

I may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations with your consent.

**Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers.

**Payment** means such as activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company or depositing your personal checks.

**Healthcare operations** are activities that relate to the performance and operation of this practice. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and supervision.

Federal Law does permit me to disclose information *without* your written consent under the following circumstances:

1. Pursuant to an agreement with a business associate, i.e., Employee Assistance Program (EAP);
2. To medical personnel in a medical emergency;
3. To report a crime committed on premises or against personnel;
4. As allowed by a court order;
5. Serious Threat to Health or Safety- *Duty to Warn*- if I believe that there is an imminent risk that you will inflict serious physical harm on yourself or others. I may disclose this information in order to protect you or others from harm;
6. To appropriate authorities to report suspected child abuse or neglect, adult/elder or domestic abuse;
7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, I will give you the opportunity to object. If you object, or are not present, or are not capable of responding, I may use my

professional judgment in light of the emergency to disclose your health information in your best interest at that time. In so doing, I will only use or disclose the aspects of your health information that are necessary to respond to the emergency.

Before I can use or disclose any information about your health in a manner that is not described above, I must first obtain your specific **written authorization**. I will also need to obtain an authorization before releasing your "Psychotherapy Notes" (PN). PN are notes I have made about our conversations during private, joint, or family counseling sessions. These notes are given a greater degree of protection and are separate from the rest of your medical record. You may revoke all such authorizations at any time in writing. You may not revoke an authorization to the extent that 1) I have relied on the authorization or 2) if the authorization was obtained as a condition of obtaining insurance coverage.

#### **YOUR RIGHTS**

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. However, I am not required to agree to a restriction you request. You have the right to request that I communicate with you by alternative means or at an alternative location. I will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by me, except to the extent that the information contains "Psychotherapy Notes" or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in your records, and to request and receive an accounting of disclosures of your health related information made by me for six (6) years. You also have the right to receive a paper copy of this notice.

#### **PROVIDER'S DUTIES/RESPONSIBILITIES**

I am required by law to maintain privacy of your health information and to provide you with notice of my legal duties and privacy practices with respect to your health information. I am required by law to abide by this notice. I reserve the right to change the terms of this notice and to make new notice provisions effective for all protected health information I maintain. If any of my policies or procedures is revised, you will be provided with a revised notice.

#### **COMPLAINTS AND REPORTING VIOLATIONS**

If you have any questions about this notice, disagree with a decision made about access to your records, or have any other concerns about your privacy rights, you may contact Dr. Thurswell @ 248-613-4443. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your rights to file a complaint. Violation of the Confidentiality Law by a program is a crime.

If you believe that your privacy rights have been violated and wish to file a complaint, you may contact: Allegations Division Department, Consumer and Industry Services @ 517-373-9196.

You may also send a written complaint to:

The U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D. C. 20201  
(202) 619-0257 or Toll Free- 1-877-696-6775