

**Notice of the Policies and Practices of**  
**Willowdale Counseling Center, PLLC**  
**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**

Willowdale and any of its staff members (hereinafter Willowdale) may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and 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, Payment and Health Care Operations*”
    - *Treatment* is when a Willowdale staff member provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when a staff member consults with another health care provider, such as your family physician or another therapist or Willowdale staff member.
    - *Payment* is when reimbursement is obtained for your health care. Examples of payment are when your PHI is disclosed 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 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.
- “*Use*” applies only to activities within the center such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the center such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

Willowdale 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 Willowdale is asked for information for purposes outside of treatment, payment and health care operations, a staff member

will obtain an authorization from you before releasing this information. Willowdale will also need to obtain an authorization before releasing your *psychotherapy notes*.

“*Psychotherapy notes*” are notes made about our conversation during a private, group, joint, or family counseling session, which has been 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) Willowdale 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**

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

- **Child Abuse:** If there is a reason to suspect that a child has been abused or neglected, any Willowdale clinician is required by law to report this to the Bureau of Child and Family Services.
- **Adult and Domestic Abuse:** If there is suspicion or there is a good faith reason to believe that any incapacitated adult has been subject to abuse, neglect, self neglect or exploitation, or is living in hazardous conditions, any Willowdale clinician is required by law to report that information to the Commissioner of the Department of Health and Human Services.
- **Health Oversight:** If the New Hampshire Board of Mental Health is conducting an investigation, then Willowdale is required to disclose your mental health records upon receipt of a subpoena from the Board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that a Willowdale clinician has provided you and/or the records thereof, such information is privileged under state law, and Willowdale may not release information without your written authorization, 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 have communicated to a Willowdale staff member a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or if you have made a serious threat of substantial damage to real property, any Willowdale clinician is required by law to take reasonable precautions to provide protection from such threats by warning the victim or victims of your threat and to notify the police department closest to your

residence or the potential victim's residence, or obtain your civil commitment to the state mental health system. In addition, if you have communicated a serious threat of violence against yourself and you have not agreed to a safety plan, then others may be informed. Initially, this would be family members but could include the local police or ambulance or rescue unit.

There may be additional disclosures of PHI that we are required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

#### **IV. Patient's Rights and Willowdale Staff Member'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, Willowdale is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternate Means and at Alternate 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 a Willowdale clinician. Upon your request your bills may be sent to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Upon your request a Willowdale staff member will discuss with you the details of the request 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. Willowdale may deny your request. Upon your request a Willowdale staff member 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 on (as described in Section III of this Notice). Upon your request a Willowdale staff member 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 Willowdale upon request even if you have agreed to receive the notice electronically.

### Willowdale Staff Member's Duties:

- Willowdale is required by law to maintain the privacy of PHI and to provide you with a notice of the Center's legal duties and privacy practices with respect to PHI.
- Willowdale reserves the right to change the privacy policies and practices described in this notice. Unless you have been notified of such changes, Willowdale is required to abide by the terms currently in effect.
- If the Willowdale policies and procedures are revised you will be notified either in person in session by receiving a revised version with an explanation from your clinician or you will be mailed a copy.

### **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision a staff member has made about access to your records, or have other concerns about your privacy rights, you may contact Timothy Bray, Ph.D. who is the Privacy Officer for Willowdale Counseling Center, PLLC.

If you believe that your privacy rights have been violated and wish to file a complaint with Willowdale, you may send your written complaint to Timothy Bray, Ph.D., Privacy Officer, at Willowdale Counseling Center, PLLC, 76 Northeastern Blvd Unit 36A, Nashua, N.H. 03062.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. No Willowdale staff member will retaliate against you for exercising your right to file a complaint.

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

This notice will go into effect on 01/01/2010

Willowdale reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Willowdale maintains. Willowdale will provide you with a revised notice by either providing you with the new notice in session or by U.S. Mail.