

Birmingham Anxiety & Trauma Therapy

100 Centerview Drive, Suite 201, Vestavia Hills, Alabama 35216; Phone: 205-807-5372,
Fax: 205-413-8789 **Notice of Policies and Practices Regarding Privacy of 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.

OUR PLEDGE REGARDING HEALTH INFORMATION: This notice applies to all personal health information about you created, maintained, or gathered by Birmingham Anxiety and Trauma Therapy. We understand that psychological and medical information about you is personal. We are committed to protecting your personal health information (PHI). We create and maintain a record of services provided to you and this record may contain information from other agencies, departments, companies or entities that have referred you to the practice for services. This record is to provide you with quality services. This notice will tell you about the ways we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We 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 I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another doctor or therapist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer or payment provider to obtain reimbursement for your health care or to determine eligibility, coverage, or to provide documentation of current services.
 - *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.
- “Disclosure” applies to activities outside of the office, such as releasing, transferring, or providing access to information about you to other parties.
- “Use” applies only to activities within the office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or 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 I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes I have made about your conversation during a private, group, joint, or family counseling session, which I 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) I 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

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

- Child Abuse – If I know or suspect that a child is abused, abandoned, or neglected by a parent, legal guardian, caregiver, or other person, the law requires that I report such knowledge or suspicion to a duly constituted authority.
- Adult and Domestic Abuse – If I have reasonable cause to believe an adult, who is unable to take care of himself or

herself, has been or is being subjected to physical abuse, neglect, exploitation, sexual abuse, or emotional abuse, I must report this belief to the appropriate authorities.

- Health Oversight Activities – If the Alabama Board of Examiners in Psychology is conducting an investigation into my practice, then I am required to disclose PHI upon receipt of a subpoena from the Board.

- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I 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 provided services at the request of a third party

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or where services are court ordered. You will be informed in advance if this is the case.

- Serious Threat to Health or Safety – I may disclose PHI to the appropriate individuals if I believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another identifiable person(s).

- Worker's Compensation – I may disclose PHI 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.