

Behavioral Medicine Associates of MidMichigan P.C.

Notice of Privacy Practices

This notice describes how your psychological information may be used, disclosed and how you can get access to this information. Please review it carefully. The privacy of this information is important to us.

I. Uses and Disclosure of Information for Treatment, Payment, and Healthcare Operations

Your *Protected Healthcare Information* (PHI) may be used for treatment, payment, and health care operations with your consent. The following definitions may help to clarify these terms:

"PHI" refers to information in your health record that could identify you.

"Treatment" is when I provide, coordinate, or manage your healthcare and other services related to your healthcare. An example of treatment would be when I consult with another healthcare provider (your family physician, another therapist, or another psychologist) about your healthcare.

"Payment" is when I seek reimbursement for your healthcare. Examples of payment are when I disclose PHI to your health insurer to obtain reimbursement for your healthcare or to determine your eligibility or coverage.

"Healthcare Operations" are activities that relate to the performance and operation of my practice. Examples of healthcare operations are quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and case coordination services.

"Use" applies only to activities within my office such as sharing, applying, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside my office such as releasing, transferring, or providing access to your information to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside treatment, payment, or healthcare operations when your appropriate authorization is obtained. Appropriate authorization is your written permission to release specific information for a specific purpose. You may revoke all such authorizations at any time provided each revocation is provided 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 a policy.

III. Uses and Disclosures Requiring Neither Consent nor Authorization

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

Serious threat to health or safety – If you communicate to me a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, I may disclose the relevant PHI and take reasonable steps, permitted by law, to prevent the threatened harm from occurring. If I believe that there is an imminent risk that you will inflict serious physical harm on yourself I may disclose information in order to protect you.

Child abuse - If I have reason to suspect the occurrence of child abuse or neglect, I must report this suspicion to the appropriate authorities as required by law.

Adult and domestic abuse - If I have reason to suspect that you have been criminally abused, I must report this suspicion to the appropriate authorities as required by law.

Health oversight activities – If I receive a subpoena or other lawful request from the Department of Health or the Michigan Board of Psychology, I must disclose relevant PHI pursuant to that subpoena or lawful request.

Judicial or administrative hearing – If you are involved in a court proceeding and a request is made for information about your diagnosis, treatment, and/or records thereof, such information is privileged under state law and I will not release such information without your written permission or a court order. This privilege does not apply when you are being evaluated for a third party or when the evaluation is court ordered. You will be informed in advance if this is the case and a request will also be made to seek your written authorization to release PHI.