

*Susan M. Pittenger, Psy.D.*  
675 Sierra Rose, Suite 102  
Reno, Nevada 89511  
Telephone (775) 432-6399 Facsimile (775) 455-4499  
www.drpittenger.com

**PLEASE NOTE THAT THIS DOCUMENT DOES NOT NEED TO BE PRINTED ONLY THE SIGNATURE PAGE THAT FOLLOWS!**

## **Notice of Privacy Policies and Practices**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Dr. Pittenger makes every effort to protect your health information. This notice informs you of her business practices in this area and your rights related to protected health information.

PLEASE REVIEW IT CAREFULLY.

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

I 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 psychologist.
  - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI 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 my 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 my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

### **II. Uses and Disclosures Requiring Authorization**

I 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information.

You may revoke all such authorizations 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, and the 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 have reasonable cause to believe that a child has been abused or neglected, I must report this and relevant information, within 24 hours, to the Division of Child and Family Services, the county agency which provides child welfare services or a law enforcement agency.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an older person has been abused, neglected, exploited or isolated, I must make a report to the local office of the Nevada Department of Human Resources Division of Aging Services, the police department or sheriff's office, or other appropriate agency within 24 hours after becoming aware of this information.
- **Nevada Board of Psychological Examiners:** If I receive a request from the Nevada Board of Psychological Examiners with respect to an inquiry or complaint about my professional conduct, I must make available any record relevant to such inquiry.
- **Judicial or 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 this information without written authorization from you or your legally-appointed representative, 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:** I may disclose confidential information from your records if I believe such disclosure is necessary to protect you or another person from a clear and substantial risk of imminent, serious harm. I may only disclose such information and to such persons as are consistent with the standards of my profession in addressing such problems.
- **Worker's Compensation:** If you file a worker's compensation claim, and if I provide treatment to you relevant to that claim, then I must submit to your employer's insurer or a third party administrator, a report on services rendered.
- **Other Disclosures Required by Nevada or Federal Law:** This category includes PHI given to the coroner and medical examiners when a patient dies. PHI given to Federal agencies regarding compliance with HIPPA and other mandatory which could be required of me by a government agency.

## **IV. Patient's Rights and Psychologist'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, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative 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 me. Upon your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial 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. I may deny your request. On your request, I 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 (as described in Section III of this Notice). On your request, I 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 me upon request, even if you have agreed to receive the notice electronically.

### **Psychologist's Duties:**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide a revised notice to all current, active clients either in person or by mail.

## **V. Questions and Complaints**

I serve as the designated Privacy Officer for my practice. If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, or disagree with a decision I have made about access to your records, please discuss this with me, or write to me at 675 Sierra Rose Drive, Suite 102, Reno, NV 89511.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Room 509F, HHH Building, Washington, D.C. 20201. All complaints must be submitted in writing.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

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

This notice went into effect on April 14, 2003.