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Notice of Privacy Practices for Robin Abrams PhD LLC

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information as required by applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA).

Confidentiality and Protected Health Information

Communication between a client and therapist is confidential, and I am bound by law and ethics to safeguard your protected health information.

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent.

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- *PHI* refers to information in your health record that could identify you.
- *Treatment* is when I provide, coordinate, or manage your health care and other services related to your healthcare. An example of this would be consulting with your PCP or medication provider.
- *Payment* is when I obtain reimbursement for your healthcare. An example would be disclosing your PHI to your health insurer to obtain reimbursement or to determine coverage.
- *Health Care Operations* are activities that relate to the performance of my business such as administrative services, audits, and quality improvement.
- In all these cases, I will use and disclose the minimum information necessary for treatment and billing for clinical care. Any other health care provider or plan who receives your PHI from me is also obligated to protect your PHI by law.
- Your general consent for treatment, payment and health care operations will be obtained through our *Service Agreement*. An *Authorization* is written permission beyond the general consent that permits only certain disclosures. I will obtain a written authorization from you for any additional disclosure of PHI other than those specified below.

- If you are using health insurance to pay for your care, you have already given permission to your insurance company to access information necessary to process claims for payment, oversee services provided, and perform quality assurance functions. If you are paying for your care entirely out-of-pocket, you have the right to restrict disclosures of PHI to a health plan.

Legally Mandated Situations Requiring Breaking Confidentiality

- If an individual poses a danger to themselves, I am mandated to disclose necessary information to keep the individual safe and to facilitate appropriate treatment.
- If an individual intends to take harmful or dangerous action against another individual, I must warn the person and/or family of the person who is likely to suffer the results of the harmful behavior, as well as the local authorities.
- If there is suspected child abuse or neglect, and/or abuse of elders or disabled persons, I am required by law to notify the appropriate state agency.
- If I become aware of sexual contact between children under the age of 16, that information must be disclosed to a parent.
- In response to a court order by a judge of appropriate jurisdiction.
- If a client introduces their mental condition as an element of claim or defense in a legal proceeding.
- State investigations by the Department of Child and Families for suspected abuse or neglect, or court investigations for such matters as child custody assessment or adoption.
- Workers' compensation claims.

Please bear in mind that should the occasion ever arise, every effort will be made, as clinically appropriate, to discuss and/or resolve any issues before such a breach of confidentiality takes place.

Your Rights

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you,

- I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say “no” to your request, but I will tell you why in writing within 60 days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say “yes” to all reasonable requests.

Ask me to limit what information I use or share

- You can ask me not to use or share certain health information for treatment, payment, or our operations. I am not required to agree to your request, and I may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes” unless a law requires me to share that information.

Get a list of those with whom I have shared information

- You can ask for a list (accounting) of the times I have shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). I will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I share any information or take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel I have violated your rights by contacting me using the information on the first page of this document. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- I will not retaliate against you for filing a complaint.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information ~~we~~I have about you. The new notice will be available upon request, in our office, and on ~~our~~my web site.

Other Details

- Effective September 15, 2023
- Robin Abrams is the privacy officer for Robin Abrams PhD LLC. Using the contact information above, do not hesitate to contact me with any questions or issues related to privacy concerns.

