



At Braintree Rehabilitation Hospital
250 Pond Street
Braintree, MA 02184
Phone: 781-348-2258 Fax: 781-348-2132
LifeDimensionsnp.com

Acknowledgement of Receipt

Federal law requires that we seek your acknowledgement of receipt of this Notice of Privacy Practices. Please place your initials on the lines and signs sign below.

_____ I certify that I have received Notice of Privacy Practices with an effective date of 2/16/2015, and I understand that if I have any questions regarding this notice, I may contact *LifeDimensions*.

_____ I have carefully read and understand the situations in which *LifeDimensions* **may and may not** release my PHI.

Signature: _____

Date: _____

Printed Name: _____

Date: _____

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Client Refused or Failed to Acknowledge Receipt on _____ Initials: _____

HIPAA Privacy Policy

Updated 2/6/2015

LifeDimensions Neuropsychological Services, Inc. (hereinafter referred to as *LifeDimensions*), values our clients, and the protection of your privacy is very important to us. We are required by law to maintain the privacy of your “protected health information” (PHI), which includes individually identifiable health information, such as demographic data, that we obtain relating to your past, present, or future physical or mental health, the care you have received, and/or the payment for that care. We are providing this notice, as required by the federal Health Insurance Portability and Accountability Act (HIPAA), to outline how your PHI may be used. We are legally required to comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You have the right to request a written copy of our most current privacy policy at any time by contacting us using the contact methods listed above.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Your PHI may be used in the following manner:

- *Clinical Services/Treatment:* We may use your information to provide treatment, coordination, or management of your health care, including consultations between healthcare providers at *LifeDimensions* for the purposes of supervision, training, and determining an appropriate course of treatment. With your written permission, we may provide consultation and/or copies of reports to physicians and (when applicable) school systems in order to coordinate care.
- *Clinical Services/Treatment:* In order to provide you with the best treatment services, we may share information about you with other professionals on our staff to provide treatment, coordination, or management of your health care. We may also consult with professionals outside of our agency in order to provide you with the best services possible. In outside consultations, every effort will be made to limit any identifying information to protect your privacy. Any other release of information, such as consultations with or releases of reports to physicians and school systems, will only occur with your written permission.
- *Unless you object, if you were referred to us by another agency, such as a primary care physician, a neurologist, or a school, we may share information about your attendance and brief summary information about your treatment.*
- *Payment:* We may use your information to pursue claims from or to comply with contractual requirements of your insurer or another third party payer. Pursuit of payment may include contacting your primary care physician to obtain a referral for services or providing records to the insurance company, depending on your specific health plan provisions. To the extent possible, every attempt will be made to limit the information disclosed to the minimum information required for the purpose for which it is requested. Also, information may be shared with members

- of our staff for administrative purposes. In some cases, information may be shared with outside individuals for purposes such as billing or information technology requirements. All outside parties must sign a business associate contract which legally binds them to maintain the privacy of your information with severe legal penalties for violation.
- If you are paying for all or part of our professional services independently of your health insurance or other third party reimbursement source, you have the right to restrict disclosures of information to such entities.
 - *Treatment Reminders:* We may use your information to provide you with reminders of scheduled appointments.
 - *Treatment Recommendations:* We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
 - *Health Care Operations:* We may use your PHI for general, predetermined aspects of healthcare practice, such as quality control, transcription, audits, etc.
 - We will obtain a written authorization from you before using or disclosing:
 - PHI in a way that is not described in this notice.
 - Psychotherapy Notes: Please be advised that I do not keep separate psychotherapy notes in this practice; all notes and other documentation I keep are considered part of your clinical chart.

SPECIAL SITUATIONS WHERE THERE ARE LIMITATIONS TO YOUR PHI

We may use your PHI without your permission for the following purposes, subject to applicable state, local, or federal law and codes of ethical conduct. These are the rare circumstances in which we cannot maintain confidentiality:

- *Legal Proceedings:* We may disclose information if legally compelled to by a court or administrative legal body. Reasonable efforts will be made to notify you of any such unauthorized requests for your PHI prior to release of the information.
- *Serious Threat to Health or Safety:*
 - ◆ If a *patient/client* presents a clear danger to himself/herself in refusing to accept appropriate treatment, and I believe releasing information is necessary to assist in protecting the patient/client.
 - ◆ If a *patient/client* communicates an actual threat of physical violence to an identifiable victim, information is released to protect the potential victim.
- *Child abuse:* If I, in my professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, I must immediately report such condition to the Massachusetts Department of Children and Families (formerly Department of Social Services). If there is an active investigation of child abuse or neglect, I may also have to release information. If either of these situations occurs, I will immediately notify you.
- *Adult abuse:* If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse (including financial exploitation), I must make a report to the Disabled Persons Protection Commission and/or other appropriate agencies. If I have reasonable cause to believe that a mentally or physically disabled person is suffering from or has died as a result of a reportable condition, which includes non-consensual sexual activity, I must make a report to the Disabled Persons

Protection Commission and/or other appropriate agencies. I need not report abuse if you are a disabled person and you invoke the psychotherapist-patient privilege to maintain confidential communications.

- *Worker's Compensation*: If you have filed a worker's compensation claim, records relevant to that claim may not be confidential and may have to be released to other entities, including your employer, the insurer or the Division of Workers Compensation.
- ***Because of the widespread use of Electronic Medical Records (EMR) we have no control of the documentation once released into a medical system.***

YOU HAVE THE FOLLOWING RIGHTS WITH REGARD TO YOUR PHI:

- ❖ **You may request that we not use or disclose your PHI for a particular reason** related to treatment, payment, healthcare operations and/or to a particular person or entity. Such requests should be made in writing. Although we will consider your request, please be advised that we are under no obligation to accept it or to abide by it, particularly when it conflicts with applicable law and codes of ethical standards.
- ❖ **If you are dissatisfied with the manner in which or the location where you are receiving communications from us**, you may request that we provide such information by alternative means or at alternative locations. Such requests must be made in writing, and we will attempt to accommodate all reasonable requests.
- ❖ **You may request to inspect or obtain copies of PHI about you**. We reserve the right to deny access to a clinician's personal notes regarding your therapeutic treatment, which are separate from the progress notes contained in your chart. All requests must be made in writing, and a reasonable fee may be charged for copies.
- ❖ **If you believe that any information in your record is incorrect** or that important information has been omitted, you may request that we correct or add this information. Requests must be made in writing.
- ❖ **You have the right to receive an accounting of all disclosures that have been made** of your PHI by this office. Requests must be made in writing.
- ❖ **Right to restrict disclosures when you have paid for your care Out-Of-Pocket**. You have the right to restrict certain disclosures of PHI to a health plan when you pay out of pocket in full for my services.
- ❖ **Right to be notified if there is a breach of your Unsecured PHI**. You have a right to be notified if: a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rules) involving your PHI; b) that PHI has not been encrypted to government standards; and c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised. Such a breach must also be reported to the federal Department of Health and Human Services.
- ❖ **You may revoke authorization to release information at any time**, except to the extent that action has already been taken. Such a request must be made in writing.

For More Information or to File a Complaint

If you have questions or would like additional information, you may contact *LifeDimensions* at (781) 348-2258.

If you believe that your privacy rights have been violated, you may file a complaint with us. Such a complaint must be made in writing and may be addressed to our medical

secretary, *Catrice Ostine*, who will forward it to the appropriate person. You may also file a complaint with the secretary of the Federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-6775

The effective date for this notice is February 16, 2015.

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The term ‘health care operations’ has the meaning given such term in section 164.501 of title 45, Code of Federal Regulations.

Section 164.501—

Any of the following activities of the covered entity to the extent that the activities are related to covered functions:

- (1) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
- (2) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- (3) Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of section 164.514(g)¹ are met, if applicable;
- (4) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- (5) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
- (6) Business management and general administrative activities of the entity, including, but not limited to,
 - (i) Management activities relating to implementation of a compliance with the requirements of this subchapter;
 - (ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer;
 - (iii) Resolution of internal grievances;
 - (iv) The sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity; and
 - (v) Consistent with the applicable requirements of section 164.514², creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.