

Notice of Privacy Practices
MacGregor Behavioral Health Services, LLC

THIS NOTICE DESCRIBES HOW YOUR PSYCHOLOGICAL AND MEDICAL INFORMATION MAY BE
USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW CAREFULLY.

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

MacGregor Behavioral Health Services LLC (MBHS), including psychologists, therapists, and office staff, 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 MBHS provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when MBHS consults with another health care provider, such as your family physician or another psychologist. Payment is when MBHS obtains reimbursement for your healthcare. Examples of payment are when MBHS discloses 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 MBHS 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 the MBHS office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of the MBHS office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

MBHS 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 MBHS is asked for information for purposes outside of treatment, payment and health care operations, MBHS will obtain an authorization from you before releasing this information. MBHS will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes that are made about conversations during a private, group, joint, or family counseling session, which MBHS keeps separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. MBHS does not typically generate psychotherapy notes, however, if psychotherapy notes are generated they will be maintained and released according to these more strict requirements for psychotherapy notes.

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) MBHS has 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.

An authorization will be obtained from you before using or disclosing PHI in a way that is not described in this notice.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If your psychologist or therapist has reasonable cause, on the basis of professional judgment, to suspect abuse of children with whom he/she came into contact in a professional capacity, he/she is required by law to report this to the Pennsylvania Department of Public Welfare.
- **Adult and Domestic Abuse:** If your psychologist has reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), he/she may report such to the local agency which provides protective services.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services MBHS provides you or the records thereof, such information is privileged under state law, and MBHS will not release the information without your written consent, 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:** If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and your psychologist determines that you are likely to carry out the threat, he/she must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent, contacting the police, or initiating proceeding for hospitalization.
- **Worker's Compensation:** If you file a worker's compensation claim, MBHS will be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.
- **Health Oversight:** If a government agency is requesting the information for health oversight activities, MBHS may be required to provide any necessary information for their purposes.
- **Complaint / Lawsuit against MBHS:** If you file a complaint or a lawsuit against your psychologist and/or MBHS, then your personal health information and entire Clinical Record can be used within the legal defense of MBHS and/or your psychologist.
- **Law enforcement:** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the states confidentiality law. This includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state Department of Health), to a coroner or medical examiner, for public health purposes related to disease or FDA regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security intelligence..

IV. Patient's Rights and MBHS 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, MBHS is 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 receiving services. Upon your request, MBHS will send your bills and communications to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in MBHS mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. MBHS may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your psychologist will discuss with you the details of the request and denial process. You will be charged a reasonable fee for copies.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. MBHS may deny your request. On your request, your psychologist 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, your psychologist 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 MBHS upon request, even if you have agreed to receive the Notice electronically.
- *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 your 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 (disclosure of your PHI in violation of the HIPAA privacy rule) involving your PHI; (B) that PHI has not been encrypted to government standards; and (C) the MBHS risk assessment fails to determine that there is a low probability that your PHI has been compromised.

MBHS Duties:

- MBHS is required by law to maintain the privacy of PHI and to provide you with a Notice of MBHS legal duties and privacy practices with respect to PHI.
- MBHS reserves the right to change the privacy policies and practices described in this Notice. Unless MBHS notifies you of such changes, however, MBHS is required to abide by the terms currently in effect.
- If MBHS revises the policies and procedures, you will receive a paper copy of the revision during your first office visit following the effective date of the changes.

V. Questions and Complaints

If you have questions about this Notice, are concerned that MBHS has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact JoAnn MacGregor, Ph.D., MBHS Practice Director, at (717) 337-3005.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to JoAnn MacGregor, PhD, MacGregor BHS, 304 York Street, Suite B, Gettysburg, PA 17325. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule, and MBHS will not retaliate against you for exercising your right to file a complaint,

VI. Effective Date, Restrictions and Changes to Privacy Policy

This Notice will go into effect on September 1, 2013.

MBHS offers a range of options for electronic communications. You are instructed to read the MBHS "Electronic Communications Agreement", provided to you in your initial paperwork packet to initiate services and on the MBHS website www.MacGregorBHS.com, for specific limitations and risks regarding the available options for electronic communications. You have the right to request no electronic communications from our office (other than those HIPAA-compliant encrypted communications necessary for healthcare operations). If you choose to use, and authorize and request MBHS to use, unencrypted forms of electronic communications (e.g., standard email), then MBHS is not responsible for any threats to the privacy of your information contained within the unencrypted forms of electronic communications, and this will not be considered a breach of PHI.

MBHS reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that MBHS maintains. MBHS will provide you with a revised Notice during the first office visit following the effective date for the revisions.