

ISAACS & ASSOCIATES
NOTICE OF PRIVACY PRACTICES
Effective Date of this Notice: April 14, 2003

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY. WE ARE PROVIDING THIS BECAUSE FEDERAL LAW GIVES YOU THE RIGHT TO BE TOLD AHEAD OF TIME ABOUT:

- How Isaacs & Associates will handle your medical information;
- What our legal duties are related to your medical information;
- What your rights are with regard to your medical information; and
- A method for filing complaints about our privacy practices.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

We may use or disclose your protected health information (PHI) for treatment, payment and health care operations purposes with your consent. To clarify, 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 we provide, coordinate or manage your health care and other services related to your health care, such as consultation with another health care provider. Payment is when we obtain reimbursement for your healthcare from your health insurer and we may disclose your PHI to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of our practice such as quality assessment, audits and administrative services, case management and care coordination.

"Use" applies only to activities within our practice such as sharing or analyzing information that identifies you.

"Disclosure" applies to activities outside of our practice such as releasing, transferring, or providing access to information about you to other parties.

II. USES AND DISCLOSURES REQUIRING AUTHORIZATION

We 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 we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. This also applies to the release of psychotherapy notes made during a counseling session. You may revoke your authorizations in writing at any time, providing we have not relied on such authorizations for purposes which include but are not limited to a condition of obtaining insurance coverage.

III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

We may use or disclose PHI without your consent or authorization when required by federal, state, or local law, administrative or legal proceedings, health oversight activities or by law enforcement.

Examples of some required reporting include: Health information about victims of abuse, neglect or domestic violence; when ordered in a legal or administrative proceeding; in order to avoid a serious threat or harm to the health or safety of a person or the public; for national security purposes; when ordered to comply with laws relating to worker's compensation or other similar programs.

Furthermore, if you present a clear and present danger to yourself, we may contact members of your family or other individuals if it would assist in protecting you.

IV. OUR LEGAL DUTIES TO PROTECT YOUR HEALTH INFORMATION

Isaacs & Associates is required by law to be certain that medical information that identifies you is kept private. We must provide you with this notice that explains our privacy practices and how, when, and why we use and/or disclose your health information. We must follow the terms of the Notice currently in effect. However, if policies and procedures are revised, we will provide you with a revised notice either by mail or in person and the changes will be posted in a clearly visible location within our office.

V. YOUR HEALTH INFORMATION RIGHTS

A. Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. We are not legally required to accept or agree to a restriction you request.

B. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – For example, upon your written request, we may agree to contact you by mail rather than telephone or only call at your home rather than at work.

C. Right to Inspect and Copy – Upon your written request, we must provide you with copies of your PHI and psychotherapy notes in our records. You may be charged a fee consistent with Massachusetts law. We may deny your access under certain circumstances but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.

D. Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request, but will inform you of the details of the amendment process.

E. 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, we will discuss with you the details of the accounting process.

VI. HOW TO COMPLAIN ABOUT YOUR PRIVACY PRACTICES

If you think that Isaacs & Associates may have violated your privacy rights, or you disagree with a decision we made about access to your health information, you may file a complaint with our Privacy Officer. You may also send a written complaint to either:

Office for Civil Rights – Region 1 Office
US Department of Health and Human Services
Government Center
J.F. Kennedy Federal Building – Room 1875
Boston, Massachusetts 02203

or

Secretary - Dept of Health and Human Svcs
200 Independence Avenue, S.W.
Washington, D.C. 20201
or email the HHS Secretary at hhs.mail@hhs.gov

You may request a copy of this notice at any time from our Privacy Officer. A copy is also posted in a clearly visible location within our office site for public viewing. Isaacs & Associates, 841 Main Street, Suite 4, Walpole, MA. 02081