



“Free to Be”

Sloat Consulting

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Notice of Sloat Consulting’s Policies and Practices to Protect the Privacy of Your Health Information

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 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. Here are the definitions:

- **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 health care. An example is consulting with your family physician or another psychologist.
- **Payment** is when your insurance company sends a check for your sessions. I need to give your PHI to your health insurer to determine if you have coverage and so they will pay for sessions.
- **Health Care Operations** are activities I do to manage my office such as keeping records, bookkeeping, scheduling, tracking insurance payments, etc.
- **Use** applies only to activities within my office that involve your personal health information.
- **Disclosure** applies to activities that extend outside my office, such as sending information about you to your physician.

II. Uses and Disclosures Requiring Authorization

Before I disclose more personal information, I will obtain an authorization from you before releasing this information. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures.

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 since 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 suspect child abuse or neglect, I must report this suspicion to the FIA or other appropriate authorities as required by law.

Adult and Domestic Abuse – If I have reasonable cause to suspect you have been criminally abused, I must report this suspicion to the FIA or other appropriate authorities as required by law.

Health Oversight Activities – If I receive a subpoena or other lawful request from the Department of Health or the Michigan Board of Psychology, I must disclose the relevant PHI pursuant to that subpoena or lawful request.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and I will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated or 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 communicate to me a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, I may disclose relevant PHI and take the reasonable steps permitted by law to prevent the threatened harm from occurring. If I believe that there is an imminent risk that you will inflict serious physical harm on yourself, I may disclose information in order to protect you.

Worker’s Compensation – I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

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. 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. On 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. 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 notify you by e-mail, regular United States Postal Service mail, or in person.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may talk to me about it. If you are

unsatisfied with my response, you may contact Joan at Cragwall & Associates, P.C., 4469 Cascade Road SE, Grand Rapids, MI 49536 telephone 616-940-3331. She will provide additional information and directions. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Joan can provide you with the appropriate address upon request.

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

This notice became effective on April 14, 2003.

I will limit the uses or disclosures regarding your PHI to the least information needed to fulfill the request and remain within the law's limits.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by e-mail, regular United States Postal Service mail, or in person.

I acknowledge receiving this information practices notice. I understand that I may request additional restrictions on 1) the use and disclosure of my PHI and 2) the confidential treatment of communications.

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