

Cogent Psychiatric Services

Notice of the Privacy Policies to Protect Your Personal Health Information

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review It Thoroughly and Carefully.

This Private Psychiatric Practice Is Committed To Protecting Your Privacy And Confidentiality.

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

This psychiatric practice may use or disclose your personal 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 your protected health information. It is information in your health record that does or could potentially identify you. For example, PHI is inclusive of your name, social security number, and diagnosis.
- "Treatment" refers to the provision, coordination, and management of your health care and other related services. Examples of treatment are inclusive of specific interventions that may have been employed, as well as consultations with other health care providers.
- "Payment" refers to monetary reimbursement from you, your insurer, or another entity, to this psychiatric practice, for the provision of your health care treatment and/or other services that you have received.
- "Health Care Operations" refers to activities that specifically relate to the performance and operation of this psychiatric practice. Examples of the health care operations are quality assessments, improvement activities, and business-related matters such as audits, administrative services, and case management and care coordination.
- "Use" refers to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information about you.
- "Disclosure" refers to activities outside of my practice, such as releasing, transferring, or providing information about you to other entities.
- "Consent" refers to your permission.
- "Authorization" refers to your permission, in writing, to disclose (i.e., release) specific PHI about you.

II. Uses and Disclosures Requiring Authorization

This psychiatric practice may use or disclose PHI for purposes outside of treatment, payment, and healthcare operations only obtaining appropriate (i.e., written) authorization from you. You may revoke any and all authorizations at any time, provided each revocation is in writing. However, you may not revoke an authorization to the extent that: (1) this practice has already acted upon it 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.

III. Uses and Disclosures with Neither Consent Nor Authorization

Please note that this psychiatric practice may use or disclose PHI without your consent or authorization in the event of the following circumstances:

- Child Abuse: If the physician has reasonable cause to believe that a child has been subjected to abuse or neglect, he/she must report this immediately to the New Jersey Division of Youth and Family Services (DYFS).
- Adult and Elder Abuse: If the physician has reasonable cause to believe that a vulnerable adult or elderly person is the subject of abuse, neglect, or exploitation, he/she may be required to report this finding to Adult Protective Services (APS).
- Health Oversight: If the New Jersey State Board of Medical Examiners issues a subpoena, the physician may be compelled to testify before the Board and disclose your PHI and/or other relevant healthcare records.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the services that the physician has provided to you and/or the records thereof, such information is privileged under state law. This means that the physician may not disclose (i.e., release) any of this information without your and your legally appointed representative's written authorization or a court order. Please note, however, that this privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. The physician must inform you in advance, if this is the case.

- **Serious Threat to Health or Safety:** If you communicate to the physician an imminent (i.e., immediate) threat to do serious physical violence against a readily identifiable victim, yourself, or the public, and he/she has reasonable cause to believe that you intend to carry out this threat, he/she must take steps to warn and protect. These steps are inclusive of arranging for you to be taken to a hospital emergency room, being admitted into a psychiatric hospital, advising the police of your threat and the identity of your intended victim, contacting and warning the intended victim, or his or her parents if the intended victim is under the age of 18, and warning your parents, legal guardian, or other legal representative if you are under the age of 18.
- **Worker's Compensation:** If you file a worker's compensation claim, the physician may be required to disclose (i.e., release) relevant information about you and/or your healthcare records to a participant in the worker's compensation case, a re-insurer, the healthcare provider, medical and non-medical experts who are connected with the case, the Division of Worker's Compensation, or the Compensation Rating and Inspection Bureau.

IV. Patient's Rights and Psychiatrist's Duties

Patient's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI. However, the physician is not required to agree to any of these restrictions.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of your PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing a psychiatrist. Hence, upon your request, the physician will forward all written correspondence to another address of your choice and/or contact you on your cell phone as opposed to your home phone.
- **Right to Inspect and Copy:** You have the right to inspect and obtain copies of your PHI and billing records as long as your PHI is maintained in the record. However, the physician reserves the right to deny access to your PHI under certain circumstances; for example, when it is medically contraindicated. At your request, the physician will discuss with you this request and/or denial process in greater detail.
- **Right to Amend:** You have the right to request an amendment of your PHI as long as this information is maintained in the record. However, the physician reserves the right to deny your request. At your request, the physician will discuss with you the details of this amendment process in greater detail.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of your PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). At your request, the physician will discuss with you this accounting process in greater detail.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this notice. At your request, the physician will provide you with one.

Psychiatrist's Duties:

- The physician is required by law to maintain the privacy of your PHI, as well as to provide you with a notice of his related legal duties and privacy practices.
- The physician reserves the right to change any and all parts of this notice. However, he/she must abide by all of the policies and practices of this notice while it is currently in effect.
- If this notice is changed in any way, the physician will advise all of his/her current clients and provide them with a copy of its revision, in person or by mail.

V. Questions and Complaints

- If you have any questions or concerns about this notice, disagree with any decisions that the physician has made about accessing or amending your PHI, etc., please discuss them with him/her.
- If you believe that your privacy rights have been violated and you wish to file a complaint, you may verbally communicate or mail a written complaint directly to the physician. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. At your request, the physician will provide you their address.

Patient's Name: _____ **Date:** _____

Patient's Signature: _____