

Shamika Hall, Ph.D.

Notice of HIPPA Privacy Practices

Shamika Hall, Ph.D. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide the patients with notice of our legal duties and privacy practices with respect to your protected 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.

Disclosure of Your Health Care Information: Shamika Hall, Ph.D. may use and/or disclose your Protected Health Information (PHI), which includes information about your health or condition and the clinical services provided to you in order for Shamika Hall, Ph.D. to be part of your treatment, to obtain payment for clinical services. This may include communications with and sharing of your protected health information with insurance companies, health care providers, other psychologist, attorneys, employers or others who may be party to information relative to your health, treatment, payment or other health care operations. Shamika Hall, Ph.D. may contact you or provide to you information about examinations, treatments or other mental health related issues. This may include mailing, telephone, and electronic facsimile or direct delivery of information such as appointment reminders, postcards, reactivations, information about our treatment, office or procedures. You also consent to communication by telephone and us leaving a message on an answering machine or with an individual answering the phone number provided to us by you. We may call you by name in the waiting room when your therapist is ready to see you. You further understand that your examination and treatment may be incidentally observed and that conversations may be incidentally overheard and that we have your consent to use your name in our office.

Treatment: We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. This includes another mental health professionals or physicians who may be treating you or a physician to whom you have been referred (e.g., a specialist or laboratory).

Payment: We may disclose your health information to your insurance provider for the purpose of payment or health care operations. As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to mental health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the mental health care services received.

We normally provide information about your mental health to you in person at the time you receive services from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a different form, please advise us in writing as to your preferences.

Healthcare Operations: We may use or disclose your protected health information, as needed, in order to support the operations of this clinic. These activities include, but are not limited to, quality assessment activities, employee review activities, and conducting or arranging for other activities. Occasionally, our office employs third party “business associates” to perform various activities for the practice (such as billing, computer or transcription services). If the services of the business associate involve disclosing or using protected health information, they will sign a written contract that will protect your mental health information.

Workers’ Compensation: We may disclose your health information as necessary to comply with State Workers’ Compensation Laws.

Emergencies: We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your mental health condition or in the event of an emergency or of your death.

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. A “release of information” will need to be signed by you, and will go beyond the general consent that permits only specific disclosures. We will need to obtain a “release of information” before releasing your psychotherapy notes. “Psychotherapy notes” are notes made about your conversation during a private, group, joint, or family counseling session, which is kept separate from the rest of your medical records. These notes are given a greater degree of protection than Personal Health Information.

Abuse or Neglect: We may disclose your protected health information to a public authority that is authorized by law to receive reports of child or elderly abuse or neglect.

Judicial and Administrative Proceedings: We may disclose your mental health information in the course of any administrative or judicial proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions, in response to a subpoena, discovery request or other lawful process.

Public Safety: It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public. We may disclose information if you communicate to the mental health professional 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, we may disclose relevant private health information and take reasonable steps permitted by law to prevent the threatened harm from occurring.

Marketing: We may contact you for marketing purposes or fundraising purposes, as described below: As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during

this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

Change of Ownership: In the event that Shamika Hall, Ph.D. practice is sold or merged with another organization, your health information/record will be securely stored in a confidential location for your protection.

Client Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, that Shamika Hall, Ph.D. is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to obtain a copy of your Private Health Information of your mental health billing records used to make decisions about you for as long as the PHI is maintained in the records. We may deny your access to private health information under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss the details of the amendment process with you. You may be charged administrative time to comply with this request. The current cost for obtaining a copy of your records is \$21.20 initial search fee, and \$1.06 per page, you will need to fill out a formal request to obtain your records, we have up to 30 days to comply with your request.
- You have a right to request that Shamika Hall, Ph.D. amend your protected health information. Please be advised, that Shamika Hall, Ph.D. is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of the denial reason(s) and information about how you can address the reason for denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Shamika Hall, Ph.D.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We will not request an explanation from you for the basis of the request. Please make this request in writing to our privacy officer.

Changes to this Notice of Privacy Practices:

Shamika Hall, Ph.D. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Shamika Hall, Ph.D. is required by law to comply with this notice.

Shamika Hall, Ph.D. is required by law to maintain the privacy of your health

information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Shamika Hall, Ph.D. by calling this office at 269-588-0750. If Shamika Hall, Ph.D. is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints:

Complaints about your Privacy rights, or how Shamika Hall, Ph.D. has handled your health information should be directed to Shamika Hall, Ph.D. by calling this office at 269-588-0750. If Shamika Hall, Ph.D. is not available, you may make an appointment for a personal conference in person or by telephone within two working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

Michigan Psychological Association Ethics Committee at 1-800-270-9070.

This notice is effective as of 7/01/2014.