



# HUMAN BEHAVIOR INSTITUTE

Full Service Behavioral Health

2740 South Jones Blvd., Las Vegas, Nevada 89146

## Notice to Patients 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**

HBI 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 HBI provides, coordinates or manages your health care with your family physician, another health care provider and mental health clinician.
  - *Payment* is when HBI obtains reimbursement, eligibility, coverage or authorization for your healthcare
  - *Health Care Operations* are activities that relate to the performance and operation of HBI. Examples of health care operations are quality assessment, administrative services and case management.
- “*Use*” applies only to activities within HBI business office and clinicians and network providers
- “*Disclosure*” applies to activities outside HBI, such as releasing information about you.

### **II. Uses and Disclosures Requiring Authorization**

HBI may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. When HBI is asked for information for purposes outside of treatment, payment and health care operations, HBI will obtain an authorization from you before releasing this information. HBI will also need to obtain an authorization before releasing your PHI, which includes psychotherapy notes. “***Psychotherapy notes***” are notes HBI clinicians have made about conversations during a private, group, joint, or family counseling session, the HBI Clinician must keep these notes separate from the rest of your medical record.

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) HBI 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.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

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

- **Child Abuse:** If HBI has reasonable cause to believe that a child has been abused or neglected, HBI must report this and relevant information, within 24 hours, to the Division of Child and Family Services, the county agency which provides child welfare services or a law enforcement agency.
- **Adult and Domestic Abuse:** If HBI has reasonable cause to believe that an older person has been abused, neglected, exploited or isolated, HBI must make a report to the local office of the Nevada Department of Human Resources Division of Aging Services, the police department or sheriff’s office, or other appropriate agency within 24 hours after becoming aware of this information.
- **Health Oversight:** If HBI receives a request from the Nevada Board of Psychological Examiners with respect to an inquiry or complaint about professional conduct, HBI must make available any record relevant to such inquiry.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and HBI will not release this information without written authorization from you or your legally-appointed representative, 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:** HBI may disclose confidential information from your records if HBI believes such disclosure is necessary to protect you or another person from a clear and substantial risk of imminent, serious harm.
- **Worker's Compensation:** If you file a worker's compensation claim, then HBI must submit to your employer's insurer or a third party administrator, a report on services rendered.

#### IV. Patient's Rights and Psychologist's Duties

- **Right to Request Restrictions** –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, HBI is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and Locations** – (For example, you may not want a family member to know that you are seeing an HBI clinician. Upon your request, HBI will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy of PHI in mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record.HBI may deny your access to PHI under certain circumstances, you may have this decision reviewed. You may file an appeal with the HBI.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. HBI may deny your request. On your request, HBI personnel 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, HBI 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 HBI upon request, even if you have agreed to receive the notice electronically.

#### V. HBI Clinician Duties:

- HBI is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- HBI reserve the right to change the privacy policies and practices described in this notice. Unless HBI notifies you of such changes, however, HBI is required to abide by the terms currently in effect.
- If HBI revises policies and procedures, HBI will provide you with the information.

#### VI. Complaints

If you are concerned that HBI has violated your privacy rights, or you disagree with a decision HBI has made about access to your records, you may contact the **HBI Privacy Officer at 702-248-8866 ext. 202.**

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.