

Robert E Parker PhD
A Psychological Corporation
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**Notice of Psychologists' Policies and Practices to Protect the
Privacy of Your Health Information (HIPAA)**

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

Robert E Parker PhD is a corporation registered in Washington State providing mental and behavioral health services, psychological evaluations, and consultation. Dr. Parker may use or disclose your *protected health information (PHI)* for purposes of *treatment, payment, and health care operations*, with your consent. To help clarify these terms, here are some definitions:

- **Robert E Parker PhD, PC (WA registration) does business in California as Robert E Parker PhD** and refers to the corporation employing Dr. Robert Parker, the psychologist who is providing services.
- **“Mental Health Professional” or “Mental Health Provider”** refers to Dr. Robert Parker the psychologist who provides your services.
- **“PHI”** refers to information in your health record that could identify you.
- **“Treatment, Payment and Health Care Operations”**
 - **Treatment** is when Dr. Parker provides, coordinates or manages your health care and other services related to your health care. Examples of treatment are psychotherapy and when Dr. Parker consults with another health care provider, such as your family physician or another psychologist.
 - **Payment** is when Dr. Parker obtains reimbursement for your health care. Examples of payment are when Dr. Parker discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - **Health Care Operations** are activities that relate to the performance and operation of Dr. Parker's practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **“Use”** applies only to activities carried out by Dr. Parker, and his independent contractors and employees, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **“Disclosure”** applies to activities outside of Dr. Parker's practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Dr. Parker 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 Dr. Parker is asked for information for purposes outside of treatment, payment and health care operations, he will obtain an authorization from you before releasing this information. Dr. Parker will also need to obtain an authorization before releasing your psychotherapy notes. *“Psychotherapy notes”* are notes your mental health professional has made about your conversations during a private, group, joint, or family counseling session, which the mental health professional has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. All releases must include the name and institutional affiliation to whom the requested use and disclosure will be made. The authorization does not permit disclosure of future healthcare information given more than 90 days from the date the authorization is made unless it is for disclosure to insurance companies. If the authorization does not contain an expiration date, the authorization expires 90 days for the date the authorization is signed by the client.

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) Dr. Parker has already relied on and acted upon that authorization at the time of revocation; 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

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

- **Child Abuse:** If there is reasonable cause to believe that a child under the age of 18 has suffered abuse or neglect, Dr. Parker is required by law to report it to the proper Washington Department of Social and Health Services and/or other appropriate authorities (RCW 26.44).
- **Adult Neglect, Abuse, Exploitation:** If there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, it must immediately reported to the Washington Department of Social and Health Services, and/or other appropriate authorities (RCW 26.44).
- **Danger to Self:** If Dr. Parker has reasonable cause to believe that a client is mentally ill and presents a danger to their own health or safety, or if an individual is suicidal, Dr. Parker may disclose confidential mental health information to any person without authorization if he reasonably believes that disclosure will avoid or minimize imminent danger (RCW 71.05.).
- **Danger to Others:** If Dr. Parker has reasonable cause to believe that a client is a danger to the health, safety, or life of another person or persons, he must protect the other person(s) by warning the person(s) at risk and report the danger to the appropriate authorities (RCW 71.05.120).
- **Incapacity:** If Dr. Parker has reasonable cause to believe that a client is mentally ill and has become unable to take care of basic needs or has become a danger to self or others, and they refuse treatment, he may report it to the proper authorities (RCW 71.05)
- **Other Imminent Situation(s):** If Dr. Parker reasonably believes that disclosure will avoid or minimize imminent danger to the health or safety of a client or any individual, he may disclose information to the extent a recipient needs to know, to any person, including law enforcement (RCW 70.02.050)
- **Health Oversight:** If the Washington Examining Board of Psychology subpoenas Dr. Parker as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, Dr. Parker must comply with its orders. This could include disclosing your relevant mental health information (RCW 18.130.180).
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that Dr. Parker has provided to you and the records thereof, such information is privileged under state law. Dr. Parker will not release information without the written authorization of you or your legal representative, or without a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or without 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, when possible, if this is the case (RCW 18.83.110 and RCW 71.05.390 and RCW 71.05.630, because the conflicting law section at RCW 70.02.900 holds that Health Care Information Act Chapter 70.02 RCW does not modify the terms and conditions of Chapter 71.05 RCW).

Worker's Compensation: If you file a worker's compensation claim, with certain exceptions, Dr. Parker must make available, at any stage of the proceedings, all mental health information in his possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request (RCW 51.36.110).

- **Business Associates:** Dr. Parker may disclose health care information with business associates that he may contract with to administer billing or legal services. His contract with them requires them to safeguard the privacy of any information shared with them.
- **Criminal Actions:** Dr. Parker may disclose healthcare information on a "need to know basis" to law enforcement authorities if a crime has been committed on Dr. Parker's premises or against Dr. Parker.

- **Marketing Purposes:** Most uses and disclosures of psychotherapy notes, uses and disclosures of Protected Health Information (PHI) for marketing purposes, and disclosures that constitute sale of PHI require patient/client authorization.
- **Other Uses and Disclosures:** Other uses and disclosures not described in the Privacy Notices will be made only with authorization of the individual.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- **Right to Refuse Treatment or Evaluation:** You have the right to refuse treatment or evaluation at any time.
- **Right to Change Psychologists:** You have the right to change psychologists at any time.
- **Right to Raise Questions:** You have the right at any time to raise questions about your treatment, evaluation or psychologist.
- **Right to Request Restrictions** –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Dr. Parker is 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 being seen. Upon your request, Dr. Parker 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 and psychotherapy notes in Dr. Parker's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Dr. Parker may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Dr. Parker 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. Dr. Parker may deny your request. On your request, Dr. Parker 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, Dr. Parker 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 this notice from Dr. Parker upon request, even if you have agreed to receive the notice electronically.
- **Right to Restrict Certain Disclosures** – You have the right to restrict certain disclosures of PHI to health plans/insurance companies if you pay out of pocket in full for the healthcare services.
- **Right to Breach Notification**– You have the right to be notified following a breach of unsecured protected health information.

Psychologist's Duties:

- Psychologists are required by law to maintain the privacy of PHI and to provide you with a notice of his or her legal duties and privacy practices with respect to PHI.

- Dr. Parker reserves the right to change the privacy policies and practices described in this notice. Unless Dr. Parker notifies you of such changes, however, Dr. Parker is required to abide by the terms currently in effect.
- If Dr. Parker's policies and procedures are changed, Dr. Parker will notify active clients at the next scheduled meeting or by mail at the last known billing address, or possibly by e-mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision your Psychologist makes about access to your records, or have other concerns about your privacy rights, you may contact Dr. Parker who will inform you of the specific way you can follow-up on your concern.

If you believe that your privacy rights have been violated and wish to file a complaint with Dr. Parker's office, you may send your written complaint to Dr. Parker's office, as Dr. Parker is the "privacy officer" for his practice.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Parker can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. Dr. Parker and any of his independent contractors or employees will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on January 1, 2004.

Dr. Parker will limit the uses or disclosures that he may make as follows: in situations where a third party has made a referral and is the client, for example, when you are referred by an agency, attorney, or employer to Dr. Parker for purposes of evaluation or consultation. This exception will be made clear when it is relevant in your situation.

Dr. Parker reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Dr. Parker maintains. Dr. Parker will provide you with a revised notice by mail as noted above.