

## POLICIES, PROCEDURES, AND CONSENT TO TREATMENT

### MAINE NOTICE FORM

#### Notice of Therapist'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.

#### 1. Uses and Disclosures for Treatment, Payment and Health Care Operations

I may use or disclose your protected health care information (PHI) for treatment, payment, and health care operations purposes with your written authorization. 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 I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as a family physician or another therapist.

Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care to determine eligibility for your coverage. (Not applicable for private pay clients).

Health Care Operations are activities that relate to the performance and operation of my 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 within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Disclosure applies to activities outside of my [office, clinic, practice group, etc.] such as releasing, transferring, or providing access to information about you to other parties.

Authorization is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

#### 2. Other Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances

when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization from you before releasing your Psychotherapy Notes. Psychotherapy Notes are notes I have made about our conversation during a private, group, joint or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

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) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under their policy.

### 3. Uses and Disclosures Without Authorization

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

Child Abuse—If I know or have reasonable cause to suspect that a child has been abused or neglected, I must report the matter to the appropriate authorities as required by law.

Adult and Domestic Abuse—If I suspect that an adult has been abused, neglected or exploited and I have reasonable cause to suspect that the adult is incapacitated or dependent, I must report the matter to the appropriate authorities as required by law.

Health Oversight Activities—I may disclose PHI to the appropriate Maine board, or one of its representatives, pursuant to standards or regulations for regulation, accreditation, licensure, or certification.

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, I will not release information without the written authorization of you or your legally appointed representative of a court order.

Serious Threat to Health and Safety—If, in my reasonable professional judgment, I believe that you pose a direct threat of imminent harm to the health or safety of any individual, including yourself, I may disclose PHI to the appropriate persons.

Workers Compensation—I may disclose PHI 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.

### 4. Patient's Rights and Therapist's Duties

#### *Patient's Rights*

Right to Request Restrictions—You have the right to request restrictions on certain uses and disclosures of PHI. 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 bills or paperwork 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 those decisions reviewed. I must permit you to request access to inspect or to obtain a copy (or both) of Psychotherapy Notes, unless I believe that such access would be detrimental to your health. If you are denied access to Psychotherapy Notes, it is possible upon presentation of a written authorization signed by you that such notes or a “narrative” of the notes may be made available to your “authorized representative.” 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.

### *Therapist’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 mail at your last known address.

## 5. 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, please contact me at (207) 807-4932.

You may also send a written complaint to the US Department of Health and Human Services.

## 6. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect 1/1/2022.

Note regarding email, texting, telehealth and electronic payments (Square, Venmo, Paypal):

:

I use email and text messages with your approval to communicate regarding appointments and scheduling and general questions and make every effort to protect the confidentiality of my messages. However, I cannot guarantee they are immune to the ordinary risks that messages could be intercepted by an unauthorized person. Please let me know if you would prefer to communicate in another way. I do not text or email details of a client's treatment. My telehealth sessions are conducted using doxy.me, which is a HIPAA compliant software program, or Zoom or Facetime if indicated/preferred by client. Please reach out if you have any questions or concerns about the confidentiality of any aspect of your treatment.



## CONSENT TO TREAT

By signing below, I acknowledge that I have received and read a copy of the **Disclosure Statement** and **Policies and Procedures** related to the counseling and psychotherapy practice of Sarah S. Spiegel, LCPC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_