

Insight Psychological Services
5212 E. 69th Place Tulsa, OK 74136

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

In accordance with the **Health Insurance Portability and Accountability Act (HIPAA)**, this notice describes how psychological and medical information about you may be used and disclosed and how you can obtain access to this information. **Please read it carefully.**

I. Uses and disclosures for treatments, payments, and healthcare operations – A client’s protected health information (PHI) may be used and disclosed by the client’s therapist, office staff, and others outside of the office that are involved in the client’s care and treatment for purposes of providing health care services to the client, to pay health care bills, to support the operations of the therapist’s practice, and any other use required by law.

- a. **Treatment** – We will use and disclose the client’s PHI to provide, coordinate, or manage the client’s health care and any related services. This includes the coordination or management of the client’s health care with a third party. For example, with your permission the client’s PHI may be provided to the client’s primary care physician to ensure that he or she has the necessary information to diagnose or treat the client.
- b. **Payment** – The client’s PHI will be used, as needed, to obtain payment for health care services.
- c. **Health care operations** – We may use or disclose, as needed, the client’s PHI in order to support the performance and operation of this practice. Examples include quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination, and conducting training and educational programs.
- d. **Use** – Activities within the office such as sharing, employing, applying, utilizing, examining, and analyzing information about the client to other parties.

II. Uses and disclosures requiring authorization

The therapists and administrators at Insight Psychological Services, PLLC may use or disclose PHI for purposes outside treatment, payment, or health care operations when your authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the office is asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization form from you before releasing this information. Specific authorization is also obtained before releasing the client’s psychotherapy notes. You may revoke all such authorizations at any time, provided each revocation is in writing. After that time, we will not use or disclose the client’s information for the purposes originally agreed upon. However, we cannot take back any information already disclosed with your permission or that we had used in our office.

III. Uses and disclosures not requiring authorization

Insight Psychological Services may use or disclose PHI without your consent or authorization in the following circumstances:

- a. **Child abuse or neglect** – If we have reason to believe that a child under the age of 18 years is the victim of abuse or neglect, the law requires that we make a report to the appropriate government agency, usually to the Department of Human Services. Once such a report is filed, we may be required to provide additional information.
- b. **Health oversight** – If a disciplinary complaint against any therapist at Insight Psychological Services is filed with the Oklahoma State Board of Examiners of Psychologists, they would have the right to view your relevant confidential information as part of the proceedings.
- c. **Judicial or administrative proceedings** – If the client is involved in a court proceeding and a request is made for information about the client’s diagnosis(es) and treatment and records thereof, such information is privileged under State law and will not be released with written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when the client is being

evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

d. **Serious threat to health and safety** – If the client communicates an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable person, and the client has the apparent intent and ability to carry out that threat, we have the legal duty to take reasonable precautions. These precautions may include disclosing relevant information from the client’s mental health records, which is essential to protect the rights and safety of others. We also have such a duty if the client has a history of physical violence of which we are aware, and we have reason to believe there is a clear and imminent danger that the client will attempt to kill or inflict serious bodily injury upon a reasonably identifiable person.

IV. **Patient’s Rights and Provider’s duties**

You have the following rights with respect to your PHI:

a. **Right to request restrictions** – You have the right to request restrictions on certain uses and disclosures of PHI about the client. However, Insight Psychological Services is not required to agree to a restriction you request.

b. **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

c. **Right to inspect and copy** – You have the right to inspect and/or obtain a copy of the client’s records. A reasonable fee may be charged for copying. Access to the client’s records may be limited or denied under certain circumstances, but in most cases you have a right to request a review of that decision. On your request, we will discuss with you the details of the request and denial process.

d. **Right to amend** – You have the right to request in writing an amendment of PHI for as long as the PHI is maintained in the record. The request may be denied, but on your request, we will discuss the amendment process. Amending a record does not mean that any portion of the health information will be deleted.

e. **Right to accounting** – You generally have the right to receive an accounting of disclosures of PHI. On your request, the details of the accounting process will be discussed with you.

f. **Right to a paper copy** – You have the right to obtain a paper copy of this notice upon request.

g. **Provider’s duties** – Provider is required by law to maintain the privacy of PHI and to provide you with this notice of legal duties and privacy practices. The providers and administrators at Insight Psychological Services, PLLC reserve the right to change the privacy policies and practices and terms of this Notice at any time, as permitted by law. Unless we notify you of such changes, however, the office is required to abide by the terms currently in effect.

V. **How we protect your health information**

The providers and administrators at Insight Psychological Services, PLLC protect your health information by treating all of your health information that we collect as confidential (with the exceptions listed previously), by training all staff in federal and state confidentiality policies and practices per HIPAA, by restricting access to your health information only to those office staff that need to know your health information in order to provide our services to you, and by maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

VI. **Questions and complaints**

If you have questions regarding our privacy practices, or if you are concerned that your privacy rights may have been violated, please contact your provider. You may also send a written question or complaint to the Secretary of the U.S. Department of Health and Human Services, whose address can be provided upon request. We support your right to the privacy of your health information, and will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.