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Individual Psychotherapy
Marital and Couples Therapy
Evaluations

Notice of 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.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may *use* or *disclose* your *protected health information (PHI)*, for *treatment and payment* purposes without your *informed consent or authorization*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment and Payment*”
 - *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 your family physician or another psychologist.
 - Except under extenuating circumstances, I will obtain your verbal or written consent before consulting with another provider about you.
 - *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 or to determine eligibility or coverage.
 - With standard health insurance policies, when claims are submitted for payment of services, they must include: identifying information, a psychiatric or medical diagnostic code (justifying health insurance coverage), a procedure code (specifying the type of service provided), and date(s) of service; they may also require further clinical information.
 - Managed care or preferred provider organization plans require the above information and they may also require the completion of treatment plans (and/or telephone case reviews). These reviews often ask questions about past treatment, relevant background history, alcohol or drug use, medications used, current symptoms or problems, impact on your daily functioning, proposed treatment, response to treatment, etc.
 - I reserve the right to pursue legal means to secure reimbursement of delinquent accounts. This may include releasing your name, address, identifying information, and any other necessary information (e.g., services provided), to attorneys, collection agencies, and/or the court, and to charge you for costs associated with collecting delinquent accounts.
- “*Use*” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.
- “*Informed Consent*” and “*Authorization*” are both written forms that you sign permitting me to release specific information about you to specific recipients.

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II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment and payment when your appropriate informed consent or authorization is obtained. In those instances when I am asked for information for purposes outside of treatment and payment, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes that I take about our conversation during a therapy session, which are for my own use and which I keep separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke an authorization (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, and the law provides the insurer the right to contest the claim under the policy. I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Serious Threat to Health or Safety:** If I have reason to believe, exercising my professional care and skill, that you may cause harm to yourself or another, I must warn the third party and/or take steps to protect you, which may include instituting commitment proceedings.
- **Child Abuse:** If I have reasonable cause to suspect that a child seen in the course of my professional duties has been abused or neglected, or have reason to believe that a child seen in the course of my professional duties has been threatened with abuse or neglect, and that abuse or neglect of the child will occur, I must report this to the relevant county department, child welfare agency, police, or sheriff’s department.
- **Adult and Domestic Abuse:** If I believe that an elder person has been abused or neglected, I may report such information to the relevant county department or state official, or to the WI Board on Aging and Long Term Care Ombudsman Program.
- **Health Oversight:** If the Wisconsin Department of Regulation and Licensing requests that I release records to them in order for the Psychology Examining Board to investigate a complaint, I must comply with such a request.
- **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 I will not release the information without written authorization from you or your personal or 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.
- **Worker’s Compensation:** If you file a worker’s compensation claim, I may be required to release records relevant to that claim to your employer or its insurer and may be required to testify.
- **When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state’s confidentiality law.** This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical

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Dr. Gerald W. Greenfield, Notice of Privacy Policies and Practices, p.3

examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions:* You have the right to request restrictions on certain uses and disclosures of protected health information about you. 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. Upon your request, I 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 in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, I will discuss with you the details of the request 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 regarding you. 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 this notice from me upon request, even if you have agreed to receive the notice electronically.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:* You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI:* You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

V. Psychologist'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 of such changes and offer you a revised copy if you are still in treatment with me, or I will attempt to contact you by mail or phone if I am required to act on a revised policy or procedure after you terminate treatment with me.

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VI. Other Limitations to Confidentiality

- I may consult with a professional colleague(s) or provide summary information to a colleague who is covering for me in my absence. Such colleagues are provided with the minimum amount of identifying and diagnostic/treatment information necessary to serve the purpose of the contact and they are also bound by confidentiality standards.
- I may contact you at your home or work to arrange or change appointments, or less typically, to address a treatment issue or offer additional treatment resources. (I will typically leave a message from “Gerry Greenfield” rather than from “Dr. Greenfield.”) Please discuss with me any requests for how you would like me to communicate with you (e.g., at home vs. work, only when family members are not present, if I should not leave messages, etc.).
- It is here noted and emphasized that some forms of communication are more easily compromised with regard to privacy/confidentiality. Email communication is not deemed to be secure; I will respond to brief email communication upon your initiation but do be aware of this limitation in security. Additionally, cellphone calls may be less secure than calls on land lines. Be aware of this when initiating a call to Dr. Greenfield from your cell phone or to his cell phone. Dr. Greenfield does typically use his cellphone for arranging appointments and to address clinical issues that may arise. Please let Dr. Greenfield know if you are uncomfortable with his communicating with you via cellphone.

VII. Destruction of Records

I will destroy your entire clinical record, via confidential shredding, with no (further) notification to you, when legally permitted to do so: typically seven years after the termination of treatment, and possibly ten years after the termination of treatment in Medicare and some other cases.

VIII. Questions and Complaints

If you have questions about this notice, confidentiality of treatment, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please inform me, Gerald W. Greenfield, Ph.D. about your question(s) or disagreement(s): my phone number is 608-271-8799.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send a written complaint to me, Gerald W. Greenfield, Ph.D., at 6409 Odana Rd., Suite #23, Madison, WI, 53719. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VII. Effective Date: This notice is effective as of February 2, 2015.