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**Notice of Policies and Practices to Protect Privacy of Health Information**

**Effective Date: Sep 23, 2013 revision to Sep 22, 2006 copy**

In my practice, I am committed to protecting your confidentiality to the full extent of the law. The information below, which I am required by law to give to you, reflects federal regulations that set a minimum standard of privacy. **My policies and the laws of the State of Delaware are generally more stringent.** I will ask for your permission before releasing information about you as described below.

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. This is a standard form based on federal HIPAA laws (Health Insurance Portability and Accountability Act).

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

According to the new guidelines, I may use or disclose your protected health information (“PHI”) for “treatment, payment, and health care operations” purposes only with your written consent. To help clarify these terms, here are some definitions:

“**PHI**” refers to information in your health record that could identify you as well as: (a) past and present diagnosis; (b) symptoms; (c) dates of treatment; (d) treatment interventions; (e) progress; (f) test results; and (g) prognosis.

“**Treatment**” is when I provide, coordinate or manage your health care and other services related to your health care.

“**Payment**” is when I obtain reimbursement for your healthcare. The most common example of disclosure involving payment is when I share information about you with a health insurer in order to receive payment for your health care, or to determine eligibility or coverage.

“**Health Care Operations**” are activities that relate to the performance and operation of my practice. Examples are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and coordination.

“**Use**” applies only to activities within my practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“**Disclosure**” applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.

**II. Use and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of “treatment, payment, or health care operations” only 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 I am asked for information for purposes outside “treatment, payment or health care operations,” an authorization will be obtained from you before releasing this information.

Psychotherapy notes, which are notes made by me documenting the contents of a counseling session with you, will be used only by me and will not otherwise be used or disclosed without your written authorization, except as noted below. These notes are given a greater degree of protection under the guidelines 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 retroactively. If the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

Most uses and disclosures of psychotherapy notes require patient authorization. Other uses and disclosures not described in the Privacy Notices will be made only with authorization from you.

### **III. Uses and Disclosures Where Neither Consent nor Authorization is Required**

I may use or disclose PHI without your consent or authorization as required by law in the following circumstances:

**Serious Threat to Health or Safety** – If I believe in good faith that there is a risk of imminent personal injury to you or to other individuals or risk of imminent injury to the property of other individuals that leads to serious injury or death of another, the appropriate information, as permitted by law, may be disclosed.

**Child Abuse** – If in the course of ordinary professional practice, I have reasonable cause to suspect or believe that any child under the age of eighteen years (1) has been abused or neglected; (2) has had non-accidental physical injury or injury which is at variance with the history given of such injury, inflicted upon such child; or (3) is placed at imminent risk of serious harm, then I must report this suspicion or belief to the appropriate authority.

**Adult and Domestic Abuse** – If I know or in good faith suspect that an elderly individual or an individual who is disabled or incompetent has been abused, the appropriate information as permitted by law must be disclosed.

**Health Oversight Activities** – If the Delaware Board of Examiners is investigating me, the Board may subpoena records relevant to such investigation.

**Judicial and 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 will not be released without the written authorization of you or your legally appointed representative or a court order (subpoena). The privilege does not apply when you are being evaluated for a third party, when the evaluation is court ordered, or when you gave up the privilege, (for example, by initiating court action in a suit claiming damages for mental health reasons.)

**Worker’s Compensation** – I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### **IV. Patient’s Rights and Therapist’s Duties**

Patient's Rights:

- A. *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. I will consider seriously any such request, although I am not required to agree to a restriction you request. If I cannot agree with your request, I will discuss my decision with you directly, if at all possible.
- B. *Right to Restrict Disclosures When You have Paid in Full Out-of-Pocket* – If you pay out of pocket in full for health care from me, you have the right to restrict certain disclosures of PHI to your health plan/insurance company.
- C. *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 a psychologist. On your request, I will send your bills to another address or give them to you at the time of your appointment.
- D. *Right to Inspect and Copy*. You may request access to your PHI record and billing records maintained by me and my billing representative in order to inspect and request copies of the records. All requests must be in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the administrative costs of copying and sending you any records requested. **If you are a parent or legal guardian of a minor, please note that certain portions of the minor's PHI records will not be accessible to you.**
- E. *Right to Amend*. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. This request must be made in writing. I may deny your request. At your request, I will discuss with you the details of the amendment process.
- F. *Right to Accounting*. You have the right to receive an accounting of any disclosures. At your request, I will discuss with you the details of the accounting process.
- G. *Right to Notification if There is a Breach* – 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 secured to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Therapist's Duties:

- A. I am required by law to maintain privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- B. 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.
- C. If I revise my policies and practices, I will provide you with an updated version.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision that I made about access to your records, you are asked to tell me.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The address can be provided at your request.

VI. Effective Date

A. This HIPAA notice went into effect on September 22, 2006. This Notice was revised under the "Final Rule" effective September 23, 2013.

B. Changes to this Notice: I may change the terms of this Notice and the changes will apply retroactively to all PHI I maintain. The revised notice will be available upon request in my office.