Jennifer Luboski, PhD, LLC
1325 Airmotive Way, Ste. 175E
Reno, NV 89502
(775) 525-3007

Idaho 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, payment, and health care operations (TPO)* purposes with your general *consent*. 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" (TPO)

- *Treatment (T)* 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.
- *Payment (P)* 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.
- *Health Care Operations (O)* 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 Jennifer Luboski, PhD, LLC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"*Disclosure*" applies to activities outside of Jennifer Luboski, PhD, LLC, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of TPO 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 of TPO, I will obtain your authorization before releasing this information.

I will obtain your authorization before releasing your psychotherapy notes. *"Psychotherapy notes"* are notes I may have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate, as defined in 45 CFR 164.501, from the rest of your medical record. These notes are given a greater degree of protection than PHI.

If I have received and maintain records from a substance use disorder (SUD) provider about you, I will obtain your authorization to use or disclose SUD records for TPO. I will include a copy of your authorization each time I use and disclose SUD records for TPO.

You may revoke all such authorizations (of PHI, psychotherapy notes, or SUD records) 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.

III**. Uses and Disclosures with Neither Consent nor Authorization**

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

- **Child Abuse:** If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Idaho Department of Health and Welfare.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Idaho Department of Health and Welfare. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Idaho Department of Health and Welfare.
- **Health Oversight:** If the Board of Psychologist Examiners in Idaho subpoenas me as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, I must comply with its orders. This could include disclosing your relevant mental health information.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, 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. Additionally, SUD records received by me from a SUD provider cannot be used in civil, criminal, administrative, or legislative proceedings without your written authorization or a court order (after notice and opportunity to be heard). The court order must be accompanied by a subpoena or other legal requirement compelling disclosure.
- **Serious Threat to Health or Safety: I may disclose your confidential mental health information to any person without authorization if I reasonably believe that disclosure will**

avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

- **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, I **must make available,** at any stage of the proceedings, all mental health information in my possession relevant to that particular injury in the opinion of the Idaho Industrial Commission, to your employer, your representative, and the Industrial Commission upon request.

III. 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 and psychotherapy notes 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 this decision reviewed. 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 and SUD for which you have neither provided consent nor authorization (as described in Section III of this Notice). At 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.
- *Right to Restrict Certain Disclosures*—You have the right to restrict certain disclosures of PHI to a health plan if you are paying out-of-pocket in full for the healthcare service.
- *Right to be Notified*—You have the right to be notified if (a) there is a breach (a use or disclosure of your PHI or SUD in violation of the HIPAA Privacy Rule) involving your PHI or SUD; (b) that PHI or SUD has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI or SUD has been compromised.
- *Signed Authorization Required*—You must sign an authorization before I can release your PHI or SUD for any uses and disclosures not described in this Privacy Notice.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and SUD and to provide you with a notice of my legal duties and privacy practices with respect to PHI and SUD.
- 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 in writing by US Mail, by posting on my website, or by giving you the revision in person.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact: Jennifer Luboski, Ph.D., 1325 Airmotive Way, Suite 175E, Reno, NV 89502. If you believe that your privacy rights have been violated and wish to file a complaint with me/my office, you may send your written complaint: Jennifer Luboski, Ph.D., 1325 Airmotive Way, Suite 175E, Reno, NV 89502. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate 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.

VI. **Effective Date, Restrictions and Changes to Privacy Policy**

This notice went into effect on June 3, 2026. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI and SUD that I maintain. I will provide you with a copy of the revised notice. I will also post it on my website, www.JenniferLuboskiPhD.com.

VII. **Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

_____

Printed Name

_____

Signature Date