

Nevada 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* purposes with your *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*”

- *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.
- *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.
- *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 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 treatment, payment, and health care operations 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 treatment, payment and health care operations, 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 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.

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, 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 been abused or neglected, I must report this and relevant information, within 24 hours, to the Division of Child and Family Services, the county agency which provides child welfare services or a law enforcement agency.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that abuse, neglect, exploitation, or isolation of an older person (age 60 or older) or vulnerable adult (age 18 or older) has occurred, I must make a report to the local office of the Nevada Department of Human Resources Division of Aging Services, the police department or sheriff’s office, or other appropriate agency within 24 hours after becoming aware of this situation.
- **Health Oversight:** If I receive a request from the Nevada Board of Psychological Examiners with respect to an inquiry or complaint about my professional conduct, I must make available any record relevant to such inquiry.
- **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.
- **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. I may only disclose such information and to such persons as are consistent with the standards of my profession in addressing such problems.

- **Worker's Compensation:** If you file a worker's compensation claim, and if I provide treatment to you relevant to that claim, then I must submit to your employer's insurer or a third-party administrator, a report on services rendered.
- 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 health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes related to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security intelligence.

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 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). 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.
- *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 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.

- *Signed Authorization Required*—You must sign an authorization before I can release your PHI 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 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 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, have other concerns about your privacy rights, believe your privacy rights have been violated, you may contact:

Jennifer Luboski, Ph.D.
1325 Airmotive Way, Suite 175E
Reno, NV 89502
(775) 525-3007

Or

Nevada Board of Psychological Examiners
PO Box 2286
Reno, NV 89505-2286
775-688-1268

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services (HHS). 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 will go into effect on October 26, 2022. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will

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provide you with a copy of the revised notice. I will also post it on my website, www.JenniferLuboskiPhD.com.

VII. Signature

Your signature below indicates that you have read this “Notice of Policies and Practices to Protect the Privacy of Your Health Information” and understand and agree to its terms. It also indicates that you have received this copy of this Notice if you requested a copy.

Client Name _____

Signature _____

Date _____

If this Notice is signed by a personal representative, parent, or legal guardian of the client/patient, please provide a description of your authority to act for the client/patient: _____

(This is your copy---please go to the next page and sign my copy)

Documented Signature Page

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Signature _____

Date _____

If this Notice is signed by a personal representative, parent, or legal guardian of the client/patient, please provide a description of your authority to act for the client/patient: _____

(Provider’s Copy to Retain in File)