

Tarazi Neuropsychology Services LLC

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NOTICE OF PRIVACY PRACTICES

IN ACCORDANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY AND SIGN THE ACKNOWLEDGEMENT OF RECEIPT.

Introduction

I am dedicated to protecting the privacy and confidentiality of the personal and health information of my patients. I understand that health information about you and your health care is personal. I create a record of the care and services you receive from Tarazi Neuropsychology Services LLC. This record is needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this practice. This notice will tell you about the ways in which I may use and disclose health information about you, describe your rights to the health information kept about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- ❖ Make sure that protected health information (“PHI”) that identifies you is kept private
- ❖ Give you this notice of my legal duties and privacy practices with respect to health information
- ❖ Follow the terms of the Notice that is currently in effect
- ❖ I can change the terms of this Notice, and such changes apply to all information I have about you.

The new Notice will be available to you upon request, in my office, and on my website.

Information Collected as Part of Evaluation/Treatment

I collect various types of information to provide you with neuropsychological assessments, treatment, and related services. This information includes:

Personal Information

Name
Address
Telephone numbers
Email address
Date of birth
Emergency contact details
Health insurance information

Health Information (Protected Health Information – PHI)

- Medical history
- Psychological evaluations, test results, and diagnosis
- Cognitive, behavioral, and emotional assessments
- Treatment plans
- Medications
- Progress notes and therapy session records
- Records of your interactions with other healthcare providers, if applicable

Payment Information

- Credit card information or other payment methods

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

I may use or disclose your PHI for treatment, payment, and health care operations purposes if you have given consent to receive evaluation or treatment services.

Treatment: 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 a physician or therapist.

Payment: Payment is private-pay only. If, by your request, your insurance provider contacts me and requests information for reimbursement purposes, I will contact you and obtain authorization from you before releasing information to the insurance company.

Health Care Operations: Activities that relate to the performance and operation of the practice such as 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 or accreditation activities.

Use: Activities within the office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Disclosure: Activities outside of the office, such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

I 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 I am asked for information for purposes outside of Treatment, Payment, or Health Care Operations, I will obtain an authorization from you before releasing this information. Specific authorization is also obtained before releasing your psychotherapy notes. Psychotherapy notes are notes made about treatment and are given a greater degree of protection than PHI.

You have the right to restrict PHI when paying out of pocket (self-pay) if you are not having the charges filed with insurance. I must agree to your restrictions of release or disclosure of PHI to a health plan when you pay out of pocket.

You may revoke all such authorizations at any time, provided each revocation is in writing. After that time, I will not use or disclose your information for the purposes originally agreed upon. However, I cannot take back any information already disclosed with your permission or that I had used in my office.

Uses and Disclosures Not Requiring Consent or Authorization

The law allows me to use or disclose PHI without your consent or authorization in some cases, such as the following:

- ❖ **Child Abuse:** If I have reasonable cause, on the basis of my professional judgment, to suspect abuse of children, I am required by law to report this to the Pennsylvania Department of Public Welfare.
- ❖ **Adult and Domestic Abuse:** If I have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), I may report such to the local agency which provides protective services.
- ❖ **Judicial or Administrative Proceedings:** If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process, some of your PHI may have to be released. This will occur only after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information being requested. 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:** If you express a serious threat to your health and safety or that of another person (e.g., intent to kill or seriously injure an identified or readily identifiable person or group of people), and I determine that you are likely to carry out the threat, I must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.
- ❖ **Law Enforcement Purposes:** Information may be released if asked to do so by a law enforcement official to investigate a crime or criminal.
- ❖ **Public Health Activities:** Some of your PHI might be disclosed to agencies which investigate diseases or injuries.
- ❖ **Worker's Compensation:** If you file a worker's compensation claim, I will be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.
- ❖ **Appointment reminders and health-related benefits or services.**

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.

Your Rights Under HIPAA

Under HIPAA and Pennsylvania law, you have several important rights with respect to your health information:

- ❖ **Right to request limits on uses and disclosures of your PHI:** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or healthcare operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your healthcare.
- ❖ **Right to access:** You have the right to request a copy of your health records. I will provide you with access to written reports or summary of treatment or evaluation within 30 days of receiving your request, or within 60 days if the records are in storage.
- ❖ **Right to correct or amend:** If you believe that information in your medical record is inaccurate or incomplete, you have the right to request that it be corrected or amended. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
- ❖ **Right to request restrictions:** You may request that I limit how your PHI is used or disclosed for treatment, payment, or healthcare operations, though I am not required to agree to your request. You have the right to request restrictions on disclosures of your PHI to health plans for payment or healthcare operations purposes if the PHI pertains solely to a healthcare item or a healthcare service that you have paid for out-of-pocket in full.
- ❖ **Right to receive an accounting of disclosures:** You may request a list of instances where your PHI was disclosed for purposes other than treatment, payment, or healthcare operations. The list I will give you will include disclosures made in the last five years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge a reasonable cost-based fee for each additional request.
- ❖ **Right to request confidential communication:** You may request that we communicate with you in a specific way (e.g., by phone, email, or in writing) or at a different address.
- ❖ **Right to revoke consent:** You may revoke any consent or authorization you have provided for us to share your information, except to the extent that action has already been taken based on that consent.

To exercise any of these rights, please submit a written request to me at the contact information below.

Data Retention

I retain your personal and medical information for as long as necessary to provide services to you, comply with legal requirements, and fulfill professional responsibilities. In accordance with HIPAA and Pennsylvania regulations, I retain records for a minimum of 7 years after the last date of treatment. For minors, records are retained for at least 7 years after the patient reaches the age of majority (18 years old).

Changes to This Privacy Policy

I may update this Privacy Policy from time to time to reflect changes in my practices, technologies, or legal obligations. Any updates will be posted on my website and will be effective immediately upon posting. You will also be notified of significant changes through your preferred method of contact.

Questions and Complaints

For questions regarding this Notice of our Privacy Practices, or if you are concerned that your privacy rights may have been violated, please contact Dr. Tarazi. You may also make a written complaint to the US Department of Health and Human Services, whose address can be provided upon request.

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By signing the *Acknowledgement of Privacy Practices*, you are acknowledging that you have received a copy of this *Notice of Privacy Practices*.