

Notice of Policies to Protect Your Privacy

These privacy practices apply to psychological services provided by Melissa L. Buchmeier, Psy.D. This notice describes how psychological and medical information about you may be used and how you can get access to this information. Please review it carefully.

This notice takes effect on September 12, 2022. It will remain in effect until it is revised. I reserve the right to change my privacy practices and the terms of this Notice of Policies to Protect Your Privacy. In the event of a change, I will provide you with a revised notice. As a psychologist, it is my ethical and legal duty to protect patient confidentiality and only release information about you in accordance with state and federal laws.

Use and Disclosure of Protected Health Information

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your written authorization.

“PHI” refers to information in your health record that could identify you.

“Treatment” refers to providing, coordinating, or managing your care and other services related to your healthcare. Examples are when I consult with another health care provider, such as your physician, or another psychologist.

“Payment” refers to obtaining reimbursement for your health care. This happens when I disclose your PHI to your health insurer for payment of my services as a provider.

“Health Care Operations” refers to activities that relate to the business of operating my practice. Examples of this are audits, case management, and review of care.

“Use” applies only to activities within my practice, such as utilizing information that identifies you.

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

“Authorization” refers to your written permission to disclose confidential health information. Authorizations to disclose confidential health information must be on a specific legally required form.

Other Uses and Disclosure Requiring Authorization

I may use or disclose PHI for purposes other than treatment, payment, or health care operations when your authorization is obtained. I will obtain authorization from you before I release any information.

Psychotherapy notes, which are separate from PHI, are the property of the psychologist who wrote them. HIPAA Privacy Rule allows for psychologists to decide whether to release notes unless state law allows for access, even if the patient requests or authorizes the release. Therefore, personal notes I have made documenting or analyzing contents of conversations during psychotherapy sessions are given a greater degree of protection under the law than PHI. I am not required to release my notes, except to comply with a court order.

You may revoke all authorizations at any time, provided the request is made in writing. You may not revoke an authorization to the extent that: (1) I have already relied on that authorization prior to revocation; or (2) the authorization was obtained as a condition of obtaining insurance coverage.

Information Disclosed Without Your Authorization

I will use or disclose PHI without your consent or authorization in the following circumstances, as required by law, which includes situations where:

(1) I have reasonable cause to believe a child may be abused or neglected; (2) I have reasonable cause to believe an individual who is protected by state law has been abused, neglected, or financially exploited; (3) I have received a court order to provide information due to involvement in a judicial proceeding; (4) I have reason to believe that you present an imminent serious risk of harm to yourself; (5) You have communicated to me a specific threat of intent to harm another person or group of people; (6) I have to provide information in accordance with laws for worker's compensation cases; (7) I am required to comply with health oversight activities conducted by agencies authorized by law for licensure and disciplinary actions.

Patient's Rights

You have the right to request that I not use or disclose part of your PHI record. I am not required to agree to your request if I believe it is in your best interest to permit use and disclosure of the information. Your request for restricted use and disclosure must be submitted in writing.

You have the right to request and receive confidential communication of PHI through alternative means and at alternative locations. Your request must be in writing for me to use an alternative mailing address, email, or phone.

You have the right to inspect or obtain a copy of your PHI in my treatment and billing records for as long as the PHI is maintained in the record, which is 10 years after the final date of service provided.

You have the right to request in writing that I amend your PHI record if you believe it is incomplete or inaccurate. I may deny your request for an amendment, but you have the right to file a statement of disagreement. I will file your request, my response, and your statement in your PHI record.

You have the right to request in writing an accounting of any disclosures I have made with regard to your health information, except for: (1) information I used for treatment, payment, or health care operations purposes, (2) information for which you authorized the release, (3) information that I was required to release.

You have the right to obtain a paper copy of this Notice of Policies to Protect Your Privacy, in addition to having access to it electronically. Upon request, I will send a paper copy in the mail to you.

Complaints

HIPAA Privacy Rule allows you to exercise your right to file a complaint when you believe your privacy rights have been violated by a health care provider. If you are concerned that I may have violated your right to privacy, or you disagree with a decision I made about access to your PHI record, you may contact me directly to file a complaint. You may also file a complaint with the U.S. Department of Health and Human Services using the HIPAA Complaint Submission Form, which can be found on the hhs.gov website.

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