

NOTICE OF PRIVACY PRACTICES

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. Privacy and the laws about privacy

In 1996, the US federal government passed a law called the Health Insurance Portability and Accountability Act (HIPAA). It requires healthcare providers and other entities to keep your PHI private and to give you a “Notice of Privacy Practices” about their legal duties, your rights, and how they handle your PHI. It is very important to note that since Ruah Woods Psychological Services (RWPS) does not participate on insurance panels or transmit PHI electronically to third parties, RWPS is not a “covered entity” and therefore is not legally bound to comply with HIPAA. Nonetheless, your privacy is extremely important to us. In pursuing best practices in our profession, RWPS has developed this Notice of Privacy Practices that describes how we handle your PHI as well as other documents about our various policies and procedures.

II. What is “Protected Health Information”

Each time you visit us or any doctor’s office, hospital, clinic, or other healthcare provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or related conditions, the tests and treatments you have received, or about payment for healthcare. The information we collect from you is called **Protected Health Information** or “**PHI**” for short. This information goes into your clinical records. In this office, your PHI is likely to include, but is not limited to, these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marital and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms to describe your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that we think will best help you.
- Progress notes: Each time you come in, we write down some things about how you are doing, what we notice about you, what you tell us, and what we work on together.
- Records we receive from others who have treated or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications or drugs you took or are taking.
- Legal documents.
- Messages (electronic, hardcopy, etc.) you send us or we send you.
- Billing and insurance information

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information. After you have read this Notice, you will be asked

to indicate your consent through signature (or e-signature). Signing this form indicates that you are freely making an informed decision to enter into a professional relationship with us as our patient or evaluatee. You are also giving us permission to use and share your PHI according to the policies outlined in this Notice. PLEASE READ IT CAREFULLY.

III. How we use and share your PHI

Mainly, your PHI will be used to help us provide you care. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that do not require your consent or authorization. This is explained further below. Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the minimum necessary PHI needed for those other people to do their jobs.

A. Routine uses and disclosures of your PHI

- **For treatment:** We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological testing and evaluation; treatment planning; or measuring the benefits of our services.
- **For payment:** In order to obtain payment for our services, we may use your information to engage in a number of activities such as charging your credit card and sending you invoices either electronically or via the postal service. If another person or entity is paying for your services at RWPS, we will send them a bill. This may include the dates of service, what services you received, and information about fees and payments. A diagnostic code may be included on your invoice. Currently, RWPS does not participate in insurance panels and so we do not provide PHI to insurance companies. However, if you choose to submit your own claims to your insurance company for our services, doing so means that you will likely be disclosing some PHI to the insurance company, including when you received services at RWPS, what service you received, financial information about fees and payments, and diagnosis. Since you will be doing the submitting, the disclosure of the PHI to the insurance company is your responsibility. If your insurance company contacts RWPS to verify your provider's credentials, we will respond to this inquiry. However, if they request further information about you or your PHI, we will consult with you before disclosing any additional information to them.
- **For healthcare operations:** Our administrative and accounting staff will have basic pieces of information about you such as your name, contact information, dates of service, and financial details. They will use this information to help with scheduling and billing and engage in basic accounting. They do not have access to your therapist's clinical notes or other clinical documents (e.g., test results). In addition, we may use your PHI internally for quality control to see where we can make improvements in the care and services we provide. We may also use your PHI in training other therapists or employees.
- **Appointment reminders:** Our systems are equipped to send you appointment reminders via text message, email, or phone call. We may also reach out to you to inquire about whether you will be attending an appointment or to reschedule. You may specify where and how you want us to contact you. We will do our best to respect your wishes. Please discuss this with us.
- **Consultation with other providers:** Our therapists routinely share information about their patients with each other to make sure they are providing the best care they can and in case they need to step in and assume responsibility for your care (e.g., in case of emergency or if your therapist is away from the office). Also, Dr. Sodergren, the Director of RWPS, is custodian of all of the practice's records, including yours.

If you are being treated by other healthcare professionals outside of RWPS, it may benefit you for us to consult with them. This involves sharing some of your PHI in order to determine how best to help you. Our policy is to discuss this with you and get your explicit authorization before we do so (except in case of emergency as discussed below), and we will make sure that each professional is aware of the confidential nature of the PHI and agrees to protect your privacy.

- **Business associates:** We may hire other businesses to do some jobs for us. They are called our “business associates.” A common example is an IT company that provides us software to run the practice. These business associates may need to access or handle some of your PHI to do their jobs properly. To protect your privacy, we will have all business associates agree in their contract with us to safeguard your information.
- **Research:** Although rare, we may use or share your PHI to conduct research. In all cases, your name, address, and other identifying information will be removed from the information used in the research. If any of your identifying information is needed, we will discuss the research project with you, and we will not use or disclose any information unless you sign a special authorization form.

If the patient is a minor (someone under the age of 18), there are some additional considerations:

- If the patient is a minor (someone under the age of 18), his/her custodial parent or legal guardian will be asked to read and sign this form, indicating consent for us to use and disclose the minor-patient’s PHI as described in this Notice. The child’s parents have the right to know and access their child’s PHI. However, in some instances the provider and parents/guardians, in collaboration with the minor-patient, may agree to limit disclosure and access to PHI in order to promote greater engagement on the part of the minor. The precise boundaries of such an agreement will be determined on a case-by-case basis.
- Ohio Law also allows a minor 14 years of age or older to obtain a limited amount of psychological treatment (6 sessions or 30 days of service, whichever occurs first) without his/her parent/guardian’s knowledge or consent. In such a case, the minor will be asked to sign the consent form and will be informed of the limitations of the services he/she can receive without his/her parent/guardian’s consent. Once the limitations on treatment are reached, we must stop providing services or obtain consent from the parents/guardians to continue. If, at any time while treating such a minor, we believe that he/she is at substantial risk of incurring harm to self or to another person, the law permits us to inform the parents/guardians without the minor’s consent as long as we inform the minor of our intention to do so.

Further considerations for working with couples:

- When working with a couple (or other group of adults), we will seek the informed consent of each adult in order to enter into a therapeutic contract with them. In such cases, we consider the relationship to be the primary patient. Therefore, we will make treatment decisions based on what is best for the relationship. However, when it comes to clinical records, each adult will have his/her own file in our system in which his/her PHI will be stored, and each adult patient will have a unique login to our Patient Portal. To prevent mishaps, we ask one party be designated as responsible for billing and scheduling. Please note that we do not perform or participate in any way in custody evaluations or divorce proceedings.

B. Uses and disclosures that require your authorization

If we want to disclose your PHI to another party for purposes not described above or below, we need your explicit permission on an authorization form. The authorization form provides details of

what information will be disclosed, to whom, and for what purpose. It also specifies how long the authorization is valid. If you authorize us to disclose your PHI, you can revoke that permission in writing at any time. We would then stop disclosing your information to that person or organization. Of course, we cannot take back any information we have already disclosed or used with your prior permission. In general, we cannot require you to provide an authorization in order to receive our services except when the whole purpose of your coming to RWPS is for an evaluation requested by a third party. In that case, the services we provide are really for the third party, who is the actual client, and we cannot proceed without your authorization to share the results of the evaluation.

C. Uses and disclosures that do **NOT** require your consent or authorization

In certain situations, federal and state laws permit or even require us to disclose some of your PHI without your consent or authorization. These include the following:

- **Child Abuse and Neglect:** When there is reasonable cause to suspect that a child under 18 years of age (or 21 if disabled) has suffered or faces a threat of suffering abuse or neglect, RWPS is required by law to report this to the proper law enforcement agency and/or to the Ohio Department of Job and Family Services immediately.
- **Disabled Adult Abuse, Neglect:** When there is reasonable cause to suspect that an adult with a developmental disability has suffered or faces substantial risk of suffering any wound, injury, disability, or condition suggesting abuse or neglect, RWPS is required by law to report this to the proper law enforcement agency and/or to the county board of developmental disabilities.
- **Elder Adult Abuse, Neglect, or Exploitation:** When there is reasonable cause to believe that an adult over the age of 60 is suffering abuse, neglect, or exploitation or is experiencing a condition that is the result of abuse, neglect, or exploitation, RWPS is required by law to report this to the Ohio Department of Job and Family Services immediately.
- **Serious Threat to Health or Safety of Self or Others:** When there is clear, substantial risk of you doing serious harm to yourself or identifiable others, we are permitted to disclose some of your PHI to individuals who can prevent the danger such as law enforcement, other professionals, your emergency contacts, your family members, and/or potential victims.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding, it is not uncommon for a request to be made for information about your evaluation, diagnosis, or treatment records. Such PHI is privileged under state law. Typically, RWPS will not release your PHI without a court order or a written authorization from you or your personal / legal representative. This 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. PLEASE NOTE: If you voluntarily testify to a court of law regarding aspects of your evaluation or treatment from RWPS, then we may be compelled to testify on those topics as well or to release your PHI without your authorization. Finally, if you or your representative files a claim against us regarding your treatment at RWPS, we are allowed to use your PHI in our defense and will do so.
- **Felony:** Ohio law states that if you inform us about a felony that has been committed or is being committed, we are not required to report this to law enforcement, but we are permitted to do so if we judge it to be appropriate.
- **Worker's Compensation:** If you file a worker's compensation claim, RWPS may be required to give your mental health information to relevant parties and officials.
- **As Otherwise Required by Law:** We will disclose health information about you when required

to do so by federal, state, or local law.

There may be additional disclosures of PHI that RWPS is required or permitted by law to make without your consent or authorization. However, the disclosures listed above are the most common.

IV. Your Rights

- You have the right to withhold consent from us regarding the uses and disclosures of your PHI as described in this Notice. However, if you choose to do so, we will be unable to provide you services. In such a case, we would offer to refer you to another provider.
- You have the right to revoke your consent from us regarding the uses and disclosures of your PHI as described in this Notice. You must do so in writing. At that point, we will have to stop providing services to you, unless we are otherwise legally required to provide services to you, and we will cease disclosing your PHI. However, we are permitted to seek any outstanding payments for services we provided to you, and this may involve disclosing some PHI as described above. We also have no obligation to retrieve PHI that has already been disclosed previously.
- You can ask us to limit where or how we communicate with you regarding your PHI to increase your privacy. For example, you can ask us to only call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
- You have the right to request restrictions on how we use and disclose your PHI. Such requests must be in writing. We do not have to agree to your request, but if we do agree, we will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.
- You have the right to look at the health information we have about you, such as your medical and billing records. RWPS is required to provide access to your PHI to you or your personal representative upon request. In such a case, we will allow you to view the PHI in our office during normal business hours or provide a copy to you of the PHI. We are permitted to charge you a fee for copying and mailing PHI.
- Similarly, parents/guardians of patients under the age of 18 can request to view or obtain a copy of their child's PHI. We must also give access to such a minor's PHI to a non-residential parent who requests it as long as his/her custodial rights have not been forfeited or removed. Non-residential parents' access to his/her child's PHI may be restricted by the court overseeing divorce or custody proceedings. Thus, before allowing a non-residential parent access to a minor's PHI, we will ask to see the latest parenting plan or other court documents outlining access to medical records.
- If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You must make this request in writing. You must also tell us the reasons you want to make the changes. We are not required to make the changes you request, but we may do so, and your request will become part of your medical record.
- You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. This request must be in writing.
- You have the right to a copy of this Notice. If we change this Notice, we will provide you with a new one, and/or you can request one from us.
- You have the right to file a complaint if you believe your privacy rights have been violated. We ask that you first discuss your concern with our privacy officer (Dr. Andrew Sodergren). If this does not resolve the issue adequately for you, you are free to file a complaint with one or more regulatory

bodies. HIPAA complaints are typically addressed to the Secretary of the U.S. Department of Health and Human Services. However, since RWPS is not legally bound by HIPAA, it may be more appropriate to address any unresolved complaints to the Ohio State Board of Psychology or the Ohio Counselor and Social Worker Board.

- You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

V. Our Responsibilities

- RWPS is required by law to maintain the privacy of PHI, to provide you with a notice of our legal duties and privacy practices with respect to PHI, to follow the privacy practices that are described in this Notice while it is in effect, and to obtain your signature acknowledging your receipt of this Notice.
- In order to comply with state and federal laws, RWPS will maintain your full record for at least 7 years after the last date of service. If the patient is a minor, RWPS will maintain the full record for at least 7 years or two years after the patient reaches the age of majority, whichever is longer.
- RWPS reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. When changes to our privacy practices are implemented, we are required to provide a new Notice of Privacy Practices to all patients, including ones who received previous versions. Unless you are notified of such changes, RWPS is required to abide by the previous terms.

VI. If you have questions or problems

If you need more information or have questions about this Notice or our privacy policies, please contact our privacy officer Dr. Andrew Sodergren, Psy.D. (Ohio LP #6861). He can be reached at 513-407-8878 and at the mailing address listed below.

VII. Changes to the Terms of this Notice

This Notice is effective January 1, 2025. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website, www.RWpsych.org.