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## HIPAA NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

By law, I am required to ensure that your protected health information (PHI) is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice. PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. Authorization is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

### **HOW I WILL USE AND DISCLOSE YOUR PHI**

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

#### **Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent**

I may use and disclose your PHI without your consent for the following reasons:

- For treatment: I can use your PHI within my practice to provide you with mental health treatment. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. For example, if a psychiatrist is treating you, I may disclose your PHI to your psychiatrist in order to coordinate your care.
- For health care operations: I may disclose your PHI to facilitate the efficient and correct operation of my practice. One example includes to ensure quality control; I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

- To obtain payment for treatment: I may use and disclose your PHI to bill and collect payment for the treatment and services I provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.
- Other disclosures: Your consent is not required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent, but you are unable to communicate with me (for example, if you are unconscious or in severe pain), I may disclose your PHI. There are other business professionals in the office involved in practice management (i.e., cleaning staff, office staff). As required by HIPAA, I have a formal business associate contract with these businesses in which they commit to maintain the confidentiality of your PHI excepted as specifically allowed in contract or otherwise required by law.

### **Other Uses and Disclosures Require Your Prior Written Authorization**

In any other situation not described above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

### **Certain Other Uses and Disclosures Do Not Require Your Consent**

In most situations, I can only release information about your treatment to others if you sign a written authorization. This authorization will remain in effect for a length of time you and I determine. You may revoke the authorization at any time; however, there are some disclosures that do not require your authorization. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

- Child Abuse: If I have a reasonable suspicion of child abuse or neglect, I must report this information to the Indiana Department of Child Services.
- Elder/Disabled Adult Abuse: If I have a reasonable suspicion that an elderly adult or disabled adult is being abused or neglected, I am legally mandated to report this information to Indiana Adult Protective Services.
- Danger to Yourself, Others, or Others' Property: If you let me know, or if I have reason to believe, that there is an imminent risk of harm to yourself or to another individual(s), I may disclose your PHI to prevent the threatened danger and protect that person from harm.
- Federal, State, or Local law; Judicial, Board, or Administrative proceedings; or, Law Enforcement: For example, I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding. If you are involved in a court proceeding and a request is made for information by any party about your treatment and the subsequent records, it is not to be released without a court order. Information about all other psychological services (e.g., psychological evaluation) is also privileged and cannot be released without your authorization 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.
- For Public Health Activities: As required by law, I may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. In the event of a patient's death, if a disclosure is permitted or compelled, I may need to give the county coroner information that constitutes PHI.
- Health Oversight Activities: I may disclose your PHI if I am required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider. Other oversight activities can include licensure or disciplinary actions. Furthermore, if a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

- Specialized Government Functions: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
- For Research Purposes: In certain circumstances, I may provide PHI in order to conduct medical research.
- For Workers' Compensation Purposes: I may provide PHI in order to comply with Workers' Compensation laws.
- If disclosure is otherwise specifically required by law.

## YOUR HEALTH INFORMATION RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

- The Right to See and Obtain Copies of Your PHI: In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your PHI, but if I have knowledge of who has possession of it, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you no more than \$0.25 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
- The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- The Right to Choose How I Send Your PHI to You/Request Confidential Communications: It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). We are obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.
- The Right to Get a List of the Disclosures I Have Made: You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented (i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family); neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.
- The Right to Amend or Supplement Your PHI: If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will



tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

- The Right to Get This Notice by Email: You have the right to get this notice by email. You have the right to request a paper copy of it as well.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Privacy Officer.

### **HOW TO FILE A COMPLAINT**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer, Dr. Courtney Johnson. Dr. Johnson can be reached at 317-426-8055 or Courtney@johnsonneuropsychology.com. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. You can also call 1-877-696-6775 or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

### **NOTIFICATIONS OF BREACHES**

In the case of a breach, Courtney Johnson PhD, HSPP, is required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, Courtney Johnson PhD, HSPP is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, OCR must be notified in accordance with instructions posted on its website. Courtney Johnson PhD, HSPP, bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

### **EFFECTIVE DATE OF THIS NOTICE**

This notice is effective April 17, 2020, the opening date of business for this practice, and applies to all protected health information as defined by federal regulations. This notice will remain in effect unless I make any changes. Upon making changes, I will inform you at our next appointment.

### **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.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_