

Notice of Red Neuron Group 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.

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

Red Neuron Group may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *written authorization*. 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 Red Neuron Group provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when Red Neuron Group consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when Red Neuron Group obtains reimbursement for your healthcare. Examples of payment are when Red Neuron Group discloses 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 the practice of Red Neuron Group. Examples of matters such as audits and administrative services, and case management health care operations are quality assessment and improvement activities, business-related and care coordination.
- "*Use*" applies only to activities within Red Neuron Group such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of Red Neuron Group, such as releasing, transferring, or providing access to information about you to other parties.
- "*Authorization*" is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

Red Neuron Group may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when Red Neuron Group is asked for information for purposes outside of treatment, payment, or health care operations, Red Neuron Group will obtain an authorization from you before releasing this information.

Red Neuron Group will also need to obtain an authorization before releasing your Psychotherapy Notes. "*Psychotherapy Notes*" are notes your Red Neuron Group provider may have made about conversations during a private, group, joint, or family counseling session, which your Red Neuron Group provider has kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (or PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Red Neuron Group has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

Red Neuron Group will also obtain an authorization from you before using or disclosing:

· PHI in a way that is not described in this Notice.

III. Uses and Disclosures without Authorization

Red Neuron Group may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* -If your Red Neuron Group provider has reasonable cause to believe a child known to me in my professional capacity may be an abused child or a neglected child, he/she must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* -If your Red Neuron Group provider has reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, he/she must report this belief to the appropriate authorities.
- *Health Oversight Activities* - Red Neuron Group may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- *Judicial and Administrative Proceedings* - If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and Red Neuron Group must not release such information without a court order. Red Neuron Group can release the information directly to you on your request. Information about all other psychological services 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. You must be informed in advance if this is the case.
- *Serious Threat to Health or Safety* -If you communicate to your Red Neuron Group provider a specific threat of imminent harm against another individual or if your Red Neuron Group provider believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, your Red Neuron Group provider may make disclosures that he/she believes are necessary to protect that individual from harm. If your Red Neuron Group provider believes that you present an imminent, serious risk of physical or mental injury or death to yourself; your Red Neuron Group provider may make disclosures he/she considers necessary to protect you from harm.
- *Worker's Compensation* - Red Neuron Group may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

- 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 a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and 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. However, Red Neuron Group is 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 a Red Neuron Group provider. On your request, Red Neuron Group 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 in Red Neuron Group's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and Psychotherapy Notes. On your request, your Red Neuron Group provider will discuss with you the details of the request for access 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. Red Neuron Group may deny your request. On your request, your Red Neuron Group provider 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. On your request, your Red Neuron Group provider 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 Disclosures When You Have Paid for Your Care Out-of-Pocket.* You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI.* You have a 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.

Psychologist's Duties:

- Red Neuron Group is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

- Red Neuron Group reserves the right to change the privacy policies and practices described in this notice. Unless Red Neuron Group notifies you of such changes, however, we required to abide by the terms currently in effect.
- If Red Neuron Group revises its policies and procedures, Red Neuron Group will provide you notice at your next scheduled appointment, or if a request for information comes to Red Neuron Group before your next appointment, Red Neuron Group will notify you by phone of our revised policies and procedures prior to release of any information.

V. Questions and Complaints,

If you have questions about this notice, disagree with a decision your Red Neuron Group provider makes about access to your records, or have other concerns about your privacy rights, you may contact Clark Thompson, PsyD at 847-997-8062.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Clark Thompson, Psy.D., Red Neuron Group.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice went into effect on October 7, 2024.