



1619 Monroe Street, Madison, WI 53711, (608) 255-9330

## NOTICE OF PRIVACY PRACTICES

**This notice describes how your Protected Health Information (PHI) may be used or disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.**

The Integral Psychology Center (IPC) believes that confidentiality is an essential element of the work that we do together. This notice is intended to inform you of your rights regarding protected health information (PHI) required under the Health Insurance Portability and Accountability Act (HIPAA). These regulations require us to maintain the privacy of your PHI and to inform you of our legal duties and privacy practices. This policy was initially effective April 14, 2003 and updated April 22, 2021. IPC reserves the right to update our policy and terms and these changes will affect all maintained health information. We will notify you to any changes in our policy. If you have questions about these matters, please discuss them with your therapist.

The information you share for services at IPC will generally not be re-disclosed without your consent. However, we may disclose PHI for the purposes of managing your treatment, obtaining payment for your care, and conducting health care operations. This policy will help you understand how your PHI is used and protected.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

**To Provide Therapy.** Your IPC therapist may consult with professional colleagues regarding your care. They may also brief a colleague on the nature of your situation to arrange backup care during a time when they are unavailable or planning an absence. We may need to contact you regarding changes to an appointment time or leave messages to help you receive necessary services. You have the right to share your preferred contact information for how you would like us to contact you if necessary.

**For Supervision.** State of Wisconsin regulations require supervision for some therapists, who may review your health information with their supervising psychologist or psychiatrist and document this in your file.

**For Health Care Operations.** From time to time there may be random reviews of records to ensure compliance with our policies. Insurance companies may also perform inspections of records for their clients. These reviews would be conducted by professionals bound by the confidentiality requirements of HIPAA.

**To Obtain Payment.** With your authorization, we may disclose PHI to receive payment for treatment provided to you. Examples of payment-related activities includes determining coverage for insurance benefits and processing claims with your insurance company. Third party payors are generally subject to the same provisions of HIPAA described in this document. If IPC is collecting payment from you, IPC has a right to bill you for services. If it becomes necessary to use collection services to obtain payment for services, we will only disclose the minimal PHI necessary to allow for collection.

### **Other Uses and Disclosures Without Your Consent:**

Applicable law and ethical standards permit us to disclose information about you without your authorization only in very limited circumstances. These exceptions are outlined below:

- **To Report Abuse or Neglect of Children, Vulnerable Adults, or Elders:** IPC therapists are mandated reporters of suspected or known child, vulnerable adult, or elder abuse or neglect, and in these instances, we are required to notify government authorities.
- **To Prevent Injury:** Consistent with applicable law and ethical standards of conduct, IPC may disclose your health information if they believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your own health or safety, or to the health and safety of the public.

- **In Connection with Judicial and Administrative Proceedings:** As permitted or required by State law, IPC may disclose your health information in the course of a subpoena or judicial/administrative proceeding in response to a lawful court order. Reasonable efforts will be made to tell you about the request or to obtain an order protecting your health information.
- **For Medical Treatment:** If your life or health is in danger, PHI may be disclosed to meet the medical emergency and help you receive appropriate care.

**AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION:** IPC will not disclose your health information without your written or verbal authorization other than the exceptions noted in this policy. If you or your representative authorizes IPC to use or disclose PHI, you may revoke that authorization in writing at any time.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)**

**Right to Request Restrictions.** You have the right to request restrictions or limitations on the use or disclosure of your PHI for treatment, payment, or health care operations. We may not be able to grant your request beyond what the law requires.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you on confidential matters in a certain way. For example, you can ask that IPC only contact you at a specific phone number or address. We will attempt to accommodate all reasonable requests.

**Right to Inspect and Copy.** You have a right to inspect and copy certain records pertaining to your care. If you request a copy of the information, we may charge a reasonable fee for the costs of copies. We will provide a copy or summary of your health information usually within 14 days of your request.

**Right to Amend.** If you believe your health information records are incorrect or incomplete, you or your representative have the right to request, in writing, that we amend your records. Your request may be denied if we believe the records are accurate and complete, however, we will note your view in the record.

**Right to a List of Disclosures.** You have the right to request an accounting (list) of certain disclosures that we may make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to a Copy of this Notice.** You or your representative have a right to an electronic or paper copy of this Notice at any time.

**Right to Complain.** If you believe that your privacy rights have been violated, you or your representative have the right to file a complaint in writing with our Clients Right Specialist: Jayme Niemeier, 1619 Monroe St., Madison, WI 53711. Alternatively, you can contact the U.S. Secretary of Health and Human Services: 200 Independence Ave., S.W., Washington D.C. 20201 or by calling (877) 696-6775. We will not retaliate against you for filing a complaint.

**Right to be notified if there is a breach of your PHI.** You have the right to be notified if there is a breach of your PHI in violation of the HIPAA Privacy Rule and there is reason to believe that your PHI has been compromised.

By signing below, I acknowledge that I have reviewed and received a copy of this privacy notice:	
_____	_____
Client Signature	Date
_____	_____
Printed Name	Parent/Legal Guardian (if applicable)