

Mary Church, Ph.D.

1188 Bishop Street, Suite 3105
Honolulu, HI 96813

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Patient Bill of Rights

You have the right to:

- * Request and receive information about the Provider's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.
- * Verify Provider's status with the Board of Psychology and receive information about any discipline.
- * Have written information about fees, methods of payment, insurance reimbursement, number of sessions, length of sessions, professional assistance when your psychologist is not available (in cases of vacation and emergencies), and cancellation policies before beginning therapy. This kind of information is referred to as informed consent.
- * Know the limits of confidentiality and the circumstances in which a psychologist is legally required to disclose information to others.
- * Receive a verbal or written treatment plan.
- * Have a safe environment, free from sexual, physical or emotional abuse.
- * Expect that your Provider should not involve you in any social or business relationship that conflicts with your therapy relationship.
- * Ask questions about your therapy or psychological assessment.
- * Refuse to answer any question or disclose any information you choose not to reveal.
- * Request that the Provider inform you of your progress.
- * Know if there are supervisors, consultants, students, directed service providers or others with whom your Provider will discuss your case.
- * Refuse a particular type of treatment or end treatment at any time without obligation or harassment.
- * Refuse or request electronic recording of your sessions.
- * Request and (in most cases) receive a summary of your records, including the diagnosis, treatment plan, your progress, and type of treatment.
- * Report unprofessional behavior by a Provider.
- * Receive a second opinion at any time about your therapy or about your Provider's methods.
- * Receive referral names, addresses and telephone numbers in the event that your therapy needs to be transferred to someone else and to request that a copy or a summary of your records be sent to any therapist or agency you choose.

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An Introduction to Privacy Rights for Clients

You may have heard about the complex new federal privacy rule under the Health Insurance Portability and Accountability Act, better known as HIPAA. It is important that, as a client of Dr. Church, you understand what this rule means, and how it could affect you.

In general, HIPAA establishes requirements for how your therapist -- as well as other health care professionals and organizations -- use and disclose your records. HIPAA also provides certain basic privacy rights and helps clarify all patient privacy rights, including those that exist under state law.

Following is a brief summary of the HIPAA rule. Attached you will also find a detailed notice of your privacy rights, which is a requirement of HIPAA.

Under the HIPAA rules:

- I will exercise great care in handling your records to prevent unauthorized individuals from seeing them.
- You generally have the right to review your records, receive a copy of them, and request that any errors be corrected. In certain situations, I have the right to deny such requests.
- You have increased protection from insurance companies and others who may ask to see your records.
- You are able to request certain restrictions on the disclosure of your records – although I may use my best judgment about whether to comply with your request.
- You have the right to receive confidential communications of health information at any location you specify. For example, a client may request that a bill be sent to an address other than his or her home, or ask me not to leave any messages on a home answering machine.

Be assured that Dr. Church considers maintaining client privacy a critical component of her practice. The Notice of Private Practices attached to this letter explains Dr. Church's privacy practices in greater detail, which is a requirement of HIPAA.

Please let me know if you have any questions about this Notice of Privacy Practices.

You may contact the Privacy Officer at: *1188 Bishop Street, Suite 905, Honolulu, HI 96813, (808) 479-7670*, and discuss any questions you may have with Dr. Church.

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NOTICE OF PRIVACY PRACTICES OF MARY CHURCH, PH.D.

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.

Mary Church, Ph.D. is a health care provider who delivers psychological services. Dr. Church creates and maintains treatment records that contain individually identifiable health information about her clients. These records are generally referred to as medical records or mental health records, and this notice, concerns the privacy and confidentiality of those records and the information contained therein.

I. Disclosures For Treatment, Payment, or Health Care Operations

I may *use* and *disclose* your *protected health information (PHI)* for certain *treatment, payment, and healthcare operations* purposes without your *authorization*. In certain circumstances I can only do so when the person or business requesting your PHI gives me a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

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

“**Treatment and Payment Operations:**”

—“**Treatment**” is when I provide or another healthcare provider diagnoses or treats you. An example of treatment would be when I consult with another healthcare provider, such as your family physician or another psychologist, regarding your treatment.

—“**Payment**” is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

—“**Health Care Operations**” is when I disclose your PHI to your health care service plan (e.g. your health care insurer), or to other health care providers contracting with your plan, for administering the plan, such as case management and care coordination.

“**Use**” applies only to activities outside of my office/practice, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

“**Disclosure**” applies to activities outside of my office/practice, such as releasing, transferring, or providing access to information about you to other parties.

“**Authorization**” means written permission for specific uses or disclosures.

II. Uses and Disclosures Requiring Authorization

I may *use* or *disclose* PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time, however, the revocation or modification is not effective until I receive it.

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III. Uses and Disclosures with Neither Consent nor Authorization

I may disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** Whenever I, in my professional capacity, have knowledge of or observe a child I know, or reasonable suspect, has been the victim of child abuse or neglect, I **must** immediately report such to a police department or sheriff's department, county probation department, county welfare department (e.g. Child Protective Services). Additionally, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child, or that his/her emotional wellbeing is endangered in any other way, I **must** report such to the above agencies.
- **Adult and Domestic Abuse:** If I, in my professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I **must** report the known or suspected abuse immediately to the local ombudsman or local law enforcement agency.
- **Health Oversight:** If a complaint is filed against me with the Hawaii Board of Psychology, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without 1). Your written authorization or the authorization of your attorney or personal representative; 2). A court order; 3). A subpoena *duces tectum* (a subpoena to produce records) where the party seeking your records provides me with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified me that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party where the evaluation is court ordered. I will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to me a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.
- **Workers Compensation:** If you file a Worker's Compensation claim, I must furnish a report to your employer, incorporating my findings about your injury and treatment, within five working days from the date of your initial examination, and at subsequent intervals as may be required by the administrative director of the Worker's Compensation Commission in order to determine your eligibility for worker's compensation.

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IV. Patient's Rights and Psychologist's Duties

1. *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
2. *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 me. Upon your request, I will send your bills to another address.)
3. *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
4. *Right to Amend* – You have a right to an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request I will discuss with you the details of the amendment process.
5. *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this notice). On your request, I will discuss with you the details of the accounting process.
6. *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.
7. *Right to File a Complaint* – You have the right to file a complaint if you feel your privacy rights have been violated. Upon request, *Dr. Mary Church* will provide you with the information needed to file your complaint. Under no circumstances will she retaliate against you for filing a complaint.

If a client wishes to learn more detailed information about any of the above rights, or their limitations, please let your therapist know. She is willing to discuss any of these matters with clients.

The Duties of The Mental Health Professional

Like all mental health professionals, Dr. Church is required by law to maintain the privacy and confidentiality of clients' personal health information. This notice is intended to let her clients know of their legal duties, rights, and Dr. Church's privacy practices with respect to such information. Dr. Church is required to abide by the terms of the notice currently in effect. Dr. Church reserves the right to change the terms of this notice and/or privacy practices and to make the changes effective for all protected health information that she maintains, even if it was created or received prior to the effective date of the notice revision. If Dr. Church makes a revision to this notice, she will make the notice available at the office upon request on or after the effective date of the revision and the revised notice will be posted in a clear and prominent location.

If a client of Dr. Church needs or desires further information related to this Notice or its contents, or if he or she has any questions about this Notice or its contents, please feel free to contact the Privacy Officer. As the

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Contact Person for this practice, the Privacy Officer will do their best to answer questions and to provide him or her with additional information.

Privacy Officer Contact Information:

Mary Church, Ph.D. – Licensed Clinical Psychologist
1188 Bishop Street, Suite 3105
Honolulu, HI 96813
Direct phone: (808) 479-7670

This notice first became effective on August 1, 2009