

# NEBRASKA HIPAA NOTICE FORM

## Notice of Therapist's Policies and Practices to Protect the Privacy of Patient 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.

### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. 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 I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist.
  - *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* are activities that relate to the performance and operation of my practice. Examples of health care operations are case management and care coordination.
- “**Use**” applies only to activities within my [office, clinic, practice group, etc.], such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “**Disclosure**” applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your 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 all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse** – When I have reasonable cause to believe that a child has been subjected to abuse or neglect, or if I observe a child being subjected to conditions which would reasonably result in abuse or neglect, I must report this to the proper law enforcement agency or to the Nebraska Department of Health and Human Services.
- **Adult and Domestic Abuse** – When I have reasonable cause to believe that a vulnerable adult has been subjected to abuse or if I observe such an adult being subjected to conditions which would reasonably result in abuse, I must report this to the appropriate law enforcement agency or the Nebraska Department of Health and Human Services.

“*Vulnerable adult*” shall mean any person eighteen years of age or older who has a substantial mental or functional impairment or for whom a guardian has been appointed under the Nebraska Probate Code

- **Health Oversight Activities** – For the purpose of any investigation, the Director of Health and Human Services or the Director of Regulation and Licensure (the board which licenses me to practice) may subpoena relevant records from me.
- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without the written authorization from you or your personal or legally-appointed representative, 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. 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 a reasonably identifiable victim or victims, I must communicate such threat to the victim or victims and to a law enforcement agency.
- **Worker’s Compensation** – If you file a worker’s compensation claim, I must, on demand, make available records relevant to that claim to your employer, the insurance carrier, the worker’s compensation court, and to you.

#### **IV. Patient's Rights and Therapist'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, I am 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 me. On your request, I 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 and psychotherapy notes 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.
- *Right to Amend* – You have the right to request 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.
- *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.

##### Therapist’s Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you of written revisions in person or by mail.

#### **V. Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the Nebraska Psychological Association or the Nebraska Board of Health.

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

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

This notice will go into effect on April 1, 2024. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain.

If you have any concerns regarding this HIPAA Notice, please do not hesitate to discuss them with me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date