

# BRIGHT DAY PSYCHOLOGY PLLC

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## 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.

IF YOU HAVE ANY QUESTIONS ABOUT THIS PRIVACY NOTICE, PLEASE CONTACT OUR OFFICE AT 603-444-1512.

### I. Introduction

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

“Protected Health Information” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services.

### II. How We Will Use and Disclose Your Health Information

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

#### A. Uses and Disclosures That May Be Made With Your Written Consent

- 1. For Treatment.** We will use your health information to provide your health care and any related services we may provide.
- 2. For Continuity and Communication with parties outside the office.** With your consent, we may obtain or share your health information with other providers and parties that are related to provision and administration of your care.
- 3. For Payment.** With your consent, we may use or disclose your health information, so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other third party payer that you specify. This office uses a secure electronic billing system to communicate with insurance companies and submit claims and to send and receive related communications.
- 4. For Health Care Operations.** We may use and disclose health information about you for our operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. These activities may include quality assessment and improvement, licensing, accreditation, business planning and development, and general administrative activities.
- 5. Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

#### B. Uses and Disclosures That May be Made Without Your Consent or Authorization, But For Which You May Have an Opportunity to Object.

- 1. Persons Involved in Your Care.** We may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, regarding your location, general condition or death. If you are in an emergency situation, we may disclose your health information to a spouse, family member, friend, or other person or entity so that such person may assist in your care. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care.
- 2. Email and Other Similar Correspondence.** If you initiate email correspondence with this office or share your email address for such correspondence, you are thereby consenting to communication via Internet. It must be noted that there is no assurance of confidentiality over the internet and any personal health information you choose

to place into said email will serve as *de facto* permission for the office to reply in like manner regarding the transmission of such information via this route.

### **C. Uses and Disclosures That May be Made Without Your Consent, Authorization or Opportunity to Object.**

**This office sees your care as extremely confidential in nature.** Any legal imposition on the sanctity of this private space must be viewed in light of federal case law that establishes a high threshold for any intrusion [See *Jaffee v. Redmond*, 518 U.S.1, 116 S. Ct. 1923 (1996)] for all psychotherapy, and in NH for children [See *Berg v Berg* October 18, 2005]. This office regards your privacy in this light and exercises restraint in answering any requests for your health information. The following legal conditions may contain such requests, and shall be dealt with according to the doctor's best judgment in keeping you and others safe, obeying the law, and protecting your privacy:

1. **Emergencies.** We may use and disclose your health information in an emergency treatment situation. By way of example, we may provide your health information to a paramedic who is transporting you in an ambulance.
2. **Communication Barriers.** We may use and disclose your health information if one of our clinicians attempts to obtain Consent from you, but is unable to do so due to substantial communication barriers. However, we will only use or disclose your health information if the clinician determines in his/her professional judgment that, absent the communication barriers, you likely would have consented to use or disclose information under the circumstances.
3. **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law. An example in New Hampshire is the disclosure of information regarding your care if you are the subject of a child abuse investigation.
4. **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person.
5. **Public Health Activities.** We may disclose health information about you as necessary and required by law for public health reasons. As of this time, we are not aware of any mandatory reporting of conditions related to psychological care. (An example from general medical care would be the reporting of a gunshot wound.)
6. **Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws. As of this time, as far as we are aware, any such mandatory reporting would exclude all personally identifiable information, and only includes information for aggregation of diagnoses and treatment trends.
7. **Disclosures in Legal Proceedings.** We may disclose health information about you to a court or administrative agency when a judge or administrative agency provides a properly executed legal order for us to do so.
8. **Law Enforcement Activities.** We may disclose health information to a law enforcement official for law enforcement purposes when a court order, legal warrant, or legal authority requires us to do so.
9. **Medical Examiners or Funeral Directors.** We may provide health information to a medical examiner when legally required to do so.
10. **Military and Veterans.** If you are a member of the armed forces, we may disclose your health information as legally required by military command authorities.
11. **National Security and Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities as authorized and required by law.
12. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.
13. **Workers' Compensation.** If you inform us that you are involved in treatment related to a Workers' Compensation claim, we may disclose health information about you to comply with the state's Workers' Compensation Law.

### **III. Uses and Disclosures of Your Health Information with Your Permission.**

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time subject to the limitation that it shall apply to actions after that revocation as reasonably notified to cease reliance upon said authorization.

#### **IV. Your Rights Regarding Your Health Information.**

##### **A. Right to Inspect and Copy.**

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. We may deny your request to inspect or copy your health information only in certain limited circumstances.

##### **B. Right to Amend.**

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. To request an amendment, you must submit a written document to our Privacy Officer and tell us why you believe the information is incorrect or inaccurate.

##### **C. Right to an Accounting of Disclosures.**

You have the right to request that we provide you with an accounting of disclosures we have made of your health information.

##### **D. Right to Request Restrictions.**

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. You may also ask that any part (or all) of your health information not be disclosed to family members or friends who may be involved in your care, or for notification purposes.

##### **E. Right to Request Confidential Communications.**

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work, via cell phone, or by e-mail.

##### **F. Right to a Paper Copy of this Notice.**

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. It is also available online at [www.BrightDay.us](http://www.BrightDay.us)

#### **V. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the U.S. Department of Health and Human Services. It is appreciated if you would contact us first to resolve any issues. To file a complaint with us, contact our Compliance Officer at **603-444-1512**.

#### **VII. Changes to this Notice**

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office and at each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by accessing our website at [www.brightday.us](http://www.brightday.us) or by calling us at **603-444-1512** and requesting that a copy be sent to you in the mail or by asking for one any time you are at our offices.

#### **VIII. Who will follow this Notice**

This Notice of Privacy Practices will be followed by us and by all locations. In addition, these entities site or locations may share health information with each other for treatment, payment or health care operation purposes.