



## **Royalton Psychological Associates, LLC 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.**

### **WHO WILL FOLLOW THIS NOTICE**

All health care professionals authorized to enter information into your record at Royalton Psychological Associates, LLC will follow this Notice and may share protected health information with each other for treatment, payment, or health care operations purposes as described in this Notice.

### **YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record.**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record.**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will not ask you the reason for your request and will say “yes” to all reasonable requests.

#### **Ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for the purposes of payment or our operations. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. To request this list or accounting of disclosures, you must submit your request in writing to us.
- We will provide you with a list of all the disclosures except for those made regarding treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically).
- The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to amend.**

- If you feel that your health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request.
- We may deny your request for an amendment, and if we do, we will tell you why and explain your options.

**Get a copy of this privacy notice.**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- To obtain a paper copy of this Notice, contact our Office Coordinator at 440-907-1141.
- You may also obtain a copy of this Notice at our website: <http://royaltonpsych.com>.

**Choose someone to act for you.**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**Contact us.**

- If you have any questions about this Notice or for further information, you can contact the Privacy Officer at (440)-907-1141.
- Any written notice required under this Notice should be sent to the Privacy Officer at 8040 Corporate Circle, Suite #4, North Royalton, Ohio 44133.

**File a complaint.** If you feel your rights have been violated, you may contact:

- RPA’s Privacy Officer, or
- The U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation; and

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes;
- Sale of your information; and
- Most sharing of psychotherapy notes – please review RPA’s Informed Consent for more information about how and when we do and do not share psychotherapy notes.

## OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways.

**Treat you.** We can use your health information and share it with other professionals who are treating you.

*Example: If multiple psychologists in our practice are treating you or your family, we may share information with each other relevant to our treatment of you.*

**Run our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services. We may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.*

**Bill for your services.** We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. We may also use or disclose your health information to (1) make eligibility and coverage decisions about you; (2) seek judgment on or submit health benefit claims; and (3) review services provided to you. If you pay the entire bill for a service yourself,

out-of-pocket, and you ask us not to send information about the specific service to your insurance for payment, we will honor this request as long as the information is not needed to explain other services for which your insurance will be billed.

*Example: We may need to give your health plan health information about the treatment you received in order for the plan to pay for or reimburse for such services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may use your information to prepare a bill to send to you or the person responsible for your payments.*

## HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information on these types of uses please visit the Health and Human Services website at [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Helping with public health and safety issues.** We can share health information about you for certain situations including the following:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

**Complying with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Responding to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order.

*The following uses of your health information are allowed under federal law but we have rarely encountered them in our practice:*

**Responding to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.

**Working with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Doing research.** We can use or share your information for health research in certain circumstances where you have approved it being shared or where the research has either (i) been approved by an Institutional Review Board, (ii) the information will only be used in preparing a research protocol, (iii) the research only relates to deceased individuals, or (iv) only a limited data set is being provided pursuant to a strictly regulated written agreement.

**Addressing workers' compensation, law enforcement, and other government requests.** We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you do tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**For more information see:**

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## CHANGES TO THE TERMS OF THIS NOTICE

**WE CAN CHANGE THE TERMS OF THIS NOTICE, AND THE CHANGES WILL APPLY TO ALL INFORMATION WE HAVE ABOUT YOU. THE NEW NOTICE WILL BE AVAILABLE UPON REQUEST, IN OUR OFFICE, AND ON OUR WEB SITE.**



**Royalton Psychological Associates, LLC  
Acknowledgement of Receipt of  
Notice of Privacy Practices**

By signing below, I acknowledge that I have received a copy of Royalton Psychological Associates, LLC's Notice of Privacy Practices.

\_\_\_\_\_  
Client Name (*please print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**FOR OFFICE USE ONLY**  
\_\_\_\_\_

We attempted to obtain written acknowledgment of receipt of RPA's Notice of Privacy Practices for \_\_\_\_\_, but acknowledgment could not be obtained because:

- The individual refused to sign
- Communication barriers prohibited obtaining acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_