



Pediatric Consultation Specialists, PLLC
Behavior ★ Learning ★ Success
NOTICE OF PRIVACY PRACTICES

Professional Records:

- The laws and standards of our profession require that we keep treatment records. Upon request, the child and/or the child's parent/guardian has the right to inspect and copy the child's records. However, a parent/guardian may not access any of the child's medical records without signed consent if the child is not living with the parent/guardian and is managing his/her own personal finances, or if the child has been married or has borne a child. If the client is 18 or over, a client's record cannot be released to a parent/guardian without a signed consent.
- You should be aware that, pursuant to HIPAA, we keep Protected Health Information about the psychological services that we provide, including information about your reasons for seeking evaluation, a description of the ways in which your problem impacts on your life, your diagnosis, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. You have the right to a copy of your file at any time. You also have the right to request that a copy of your file be made available to any other health care provider at your written request

Limits on Confidentiality:

- The confidentiality of all communications between a client and a psychologist is generally protected by law and we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA and/or Minnesota law. However, in the following situations, no authorization is required:
- We may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of the patient. The other professionals are also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together. We will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).
- You should be aware that we practice with other mental health professionals. In most cases, we need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. We cannot disclose any information without a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- To the extent necessary, for emergency medical care to be rendered.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If a patient files a complaint or lawsuit against us, we may disclose relevant information regarding that patient in order to defend ourselves.



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There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect others from harm and we may have to reveal some information about a patient's treatment. These situations are unusual in our practice.

- If we have reasonable cause to believe that a child under 18 known to us in our professional capacity may be an abused child or a neglected child, the law requires that we file a report with the local office of the Department of Human Services, Child Protection Services. Once such a report is filed, we may be required to provide additional information.
- If we have reason to believe that an adult over the age of 60 living in a domestic situation has been abused or neglected in the preceding 12 months, the law requires that we file a report with the agency designated to receive such reports by the Department of Aging. Once such a report is filed, we may be required to provide additional information.
- If you have made a specific threat or violence against another or if we believe that you present a clear, imminent risk of serious physical harm to another, we may be required disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking your hospitalization.
- If we believe that you present a clear, imminent risk of serious physical or mental injury or death to yourself, we may be required to disclose information in order to take protective actions. These actions may include seeking your hospitalization or contacting family members or others who can assist in protecting you.

If such a situation arises, we will make every effort to fully discuss it with you before taking any action and we will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and we are not attorneys. In situations where specific advice is required, formal legal advice may be needed.

PATIENT RIGHTS

HIPPA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures. We are happy to discuss any of these rights with you.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. Minnesota state law requires consent of a parent or guardian for treatment, except regarding treatment of alcohol or drug abuse.