

Monika Peterson, Ph.D., LLC

Notice of Privacy Practices

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.

If you have any questions about this Notice, please contact Dr. Peterson at 505-350-7160.

1. Definitions

Monika Peterson, licensed clinical psychologist, is the provider/therapist. These terms will be used interchangeably throughout documentation.

Protected Health Information (PHI) refers to information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Privacy Notice outlines how we may use and disclose your PHI to carry out treatment, payment, or business operations, and for other purposes that are permitted or required by law.

Demographic Information includes your name, address, telephone numbers, date of birth (age), social security number, insurance identification number, place of employment and contact numbers.

Clinical Summary refers to a listing of your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress in treatment.

Designated Record Set includes billing information, Demographic Information, and Clinical Summary.

2. Uses and Disclosures of PHI

By signing Page 3 of the Professional Fee Information & Psychologist/Client Contract, you are indicating that you understand and consent to the following permitted uses and disclosures of your PHI. If you would like a copy of this form for your records, please ask and one will be provided.

Treatment

Your PHI may be disclosed to other health care providers who you have listed on a Release of Information.

Payment

Your PHI will be used, as needed, to obtain payment for your health care services. In most cases, this entails providing the insurer with your Demographic Information as well as your diagnosis. However, health plans also periodically engage in a more in-depth review of providers' files and so the reviewer, who signs a confidentiality agreement, will also have access to information about your testing results, and Clinical Summaries. They will not have access to detailed clinical notes.

In the event that you default on your financial responsibility, your PHI will also be disclosed to a collection agency. In this case, the only information disclosed would be the Demographic Information and billing records needed by the agency to locate you.

Business Operations

We may use or disclose, as needed, your PHI in order to support the business activities of this facility. These activities may include, but are not limited to, members or employees of this limited liability company, current or future, seeing your Demographic Information, Clinical Summary, and billing records.

3. Other Uses and Disclosures Based on Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. With the exception of the items below, any other authorization you provide may be revoked, at any time, in writing, except to the extent that your health care provider, or the provider's practice, has taken an action in reliance on the use or disclosure indicated in the authorization.

Harm to Yourself or Others

In the event that your provider believes you are an imminent risk to either yourself or to another and/or your provider learns of adult/child abuse or neglect from you, your PHI will be disclosed to relevant others (e.g., emergency medical personnel, police, family members) to assist in assuring the safety of all involved.

Legal Proceedings

We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena from a court or the New Mexico Psychology Board, discovery request, or other lawful process.

4. Patient's Rights and Therapist's Duties

Patient's Rights:

Inspect and Copy Your PHI

You may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains your billing information, Demographic Information, and Clinical Summary. The law restricts access to your detailed clinical notes, except where excepted by overriding legal requirements (see Section 3 above).

Request a Restriction of Your PHI

You may ask us not to use or disclose any part of your protected health information for the purposes of payment or business operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your provider is not required to agree to a restriction that you may request. If the provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your provider does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any

restriction you wish to request with your provider. You may request a restriction by submitting a written request, clearly detailing the targeted PHI and individuals, to Dr. Peterson.

Have Your PHI Amended

You may, in writing, request an amendment of PHI about you in a Designated Record Set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a written statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Receive an Accounting of Certain Disclosures

You may request an accounting of any disclosures we have made after April 14, 2003 for purposes other than treatment, payment, or business operations as described in this Notice of Privacy Practices. One such report per calendar year will be made available to you, at your written request, at no charge. Additional reports within a given calendar year will be a billable service.

Therapist's Duties:

Maintain the privacy of PHI and provide Notice

We will uphold the privacy of your PHI and provide you with a notice of legal duties and privacy practices with respect to your PHI.

Abide by the terms currently in effect

We reserve the right to change the privacy policies and practices described in this Notice regarding all PHI that we maintain. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

Notify you of any revisions to policies and procedures

If we revise our policies and procedures while you are a current client, we will mail you a revised notice. A copy will also be posted in the office.

5. Complaints

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying Dr. Peterson in writing. We will not retaliate against you for filing a complaint.

6. Effective Date and Agreement

This notice will go into effect on April 14, 2003.

Your signature on Page 3 of the Professional Fee Information & Psychologist/Client Contract certifies that you have read and agree to the contents of this document, been given a copy if you request one, and invited to discuss your privacy concerns.