

## Hampden Psychological Consultation, PLLC

108B Main Road South

Hampden Maine 04444

Phone: (207) 862-3370 | [www.hampdenpsychconsult.com](http://www.hampdenpsychconsult.com) | Fax: (207) 862-3350

Diana L. Prescott, PhD

David L Prescott, PhD

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### **Mission Statement:**

Hampden Psychological Consultation, PLLC, will provide caring behavioral health services for children, adolescents, adults, couples, and families who live in the vicinity of Hampden, ME.

### **Vision Statement:**

Hampden Psychological Consultation, PLLC will be a vital and integrated part of the healthcare community, noted for the excellence of the services we offer, the compassion and commitment to those we serve, and the dedication of our staff.

## **NOTICE OF PRIVACY POLICY AND PRACTICES**

### **PURPOSE:**

**THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Reference: 45 C.F.R. § 164.508

This notice takes effect on September 23, 2013 and remains in effect until we replace it.

### **1. OUR PLEDGE REGARDING CLINICAL INFORMATION:**

The privacy of your clinical information is important to us. We understand that your clinical information is personal and we are committed to protecting it. We create a record of the care and services you receive at Hampden Psychological Consultation We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share clinical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of clinical information.

### **2. OUR LEGAL DUTY:**

#### ***Law Requires Us to:***

1. Keep your clinical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your clinical information.
3. Follow the terms of the notice that is now in effect.
4. Notify you in the event of a breach of the practice's unsecured protected health information.

#### ***We Have the Right to:***

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes to our privacy practices and the new terms of our notice effective for all clinical information that we keep, including information previously created or received before the changes.

**Notice of Changes to Privacy Practices:**

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available in our waiting room, on our website at [www.hampdenpsychconsult.com](http://www.hampdenpsychconsult.com) or upon request.

**3. USE AND DISCLOSURE OF YOUR CLINICAL INFORMATION:**

The following section describes different ways that we use and disclose clinical information. For each kind of use or disclosure, we will explain what we mean. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

We will not use or disclose your medical information for any purpose not listed in this notice, without your specific written authorization. Any specific written authorization you provide may be revoked at any time in writing by completing a revocation form. You may not revoke an authorization to the extent that (1) We have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

**FOR TREATMENT:**

*Treatment* means providing, coordinating, or managing health care and related services by one or more health care providers. We may use clinical information about you to provide you with clinical/medical treatment or services.

**FOR PAYMENT:**

*Payment* means such activities necessary for obtaining reimbursement to you for services rendered.

**FOR HEALTH CARE OPERATIONS:**

*Health care operations* include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and getting and maintaining the accreditation, certifications and licenses we need to serve you.

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**BUSINESS ASSOCIATES:**

Business Associates performing services on HCP's behalf related to treatment, payment, or healthcare operations may also have access to your information solely for the purpose of providing such services, provided that the business associate has agreed in writing to maintain the confidentiality of such information. This also may include housekeepers, landlords, tech support, etc. All Business Associates will sign an agreement that they are aware of this policy and that they understand are legally responsible and financially responsible if they should breach this policy. They will follow the reporting procedures as stated below.

**ADDITIONAL USES AND DISCLOSURES:**

In addition to using and disclosing your clinical information for treatment, payment, and healthcare operations, we may use and disclose clinical information without your authorization as permitted or required by applicable law including any of the following:

***Court Orders and Judicial and Administrative Proceedings:***

If you are involved in a lawsuit or a dispute, we may disclose clinical information about you in response to a court or administrative order. We may also disclose clinical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

***Public Health Activities:***

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

***Victims of Abuse, Neglect or Domestic Violence:***

We may disclose clinical information to appropriate authorities if we reasonably believe that you are the possible victim of child, adult and/or sexual abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your clinical information when necessary to help law enforcement officials apprehend a person who has admitted to being a part of a crime or has escaped from legal custody.

***Workers' Compensation:***

We may disclose clinical information when authorized and necessary to comply with laws relating to workers' compensation or other similar programs.

***Health Oversight Activities:***

We may disclose clinical information to the Maine Board of Examiners of Psychologists, or one of its representatives, pursuant to standards, providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

***Law Enforcement:***

Under certain circumstances, we may disclose clinical information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

***Inmates:***

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release clinical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety of others; or (3) for the safety and security of the correctional institution.

***To Avert a Serious Threat to Health or Safety:***

We may use and disclose clinical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat and to the individual that is subject to the threat.

***As Required by Other Law:***

We will disclose clinical information about you when required to do so by other applicable federal, state or local law.

**4. YOUR INDIVIDUAL RIGHTS:**

You have the following rights with respect to your clinical information, which you can exercise by presenting a written request by contacting Hampden Psychological Consultation. Contact information is located in Section 5 of this Notice.

1. The right to request that we place additional restrictions on our use or disclosure of your clinical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

2. The right to request that we communicate with you about your clinical information by different means or at an alternative location (within reason).

3. The right to request to inspect and obtain a copy of clinical information that is a part of HCP's "designated record set". The "designated record set" includes your clinical and billing records. Psychotherapy notes and information compiled for certain civil, criminal, or administrative actions or proceedings are not subject to this right. If you request a copy of the information, we may charge a reasonable fee to cover the costs of labor, supplies and postage associated with your request. You may request that we provide the information in a format that you prefer, as long as we are able to accommodate that request.

4. The right to request that we amend information that you feel has been inaccurately or incompletely included in your clinical information. You have a right to request an amendment to such information for as long as the information is retained by HCP. We may deny your request if you ask us to amend information that:

- was not created by HCP, unless the person or entity that created the information is no longer available to make the amendment;
- is not a part of the information that you are permitted to inspect or a part of the "designated record set"; or
- is accurate and complete.

5. The right to request an "accounting of non-routine disclosures". This is a list of disclosures to individuals or organizations that were made:

- for purposes other than treatment, payment or healthcare operations;
- pursuant to legal obligations of HCP as outlined in this notice; or
- without your written authorization to do so.

6. The right to a paper copy of this Notice upon request.

#### 5. **Psychologist's Duties**

1. We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
2. We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
3. If we revise our policies and procedures, we will provide you with a revised notice either in person or by mail.

#### 6. **QUESTIONS AND EXERCISING YOUR PRIVACY RIGHTS:**

If you have any questions concerning HPC's privacy practices or if you wish to exercise any of the privacy rights listed in Section 4 of this Notice, contact our Chief Privacy Officer:

**BY MAIL:**

Ruth Siebert, RHIT  
Privacy Officer  
Hampden Psychological Consultation  
108 B Main Road South  
Hampden, Maine 04444

**BY PHONE:**

(207) 862-3370

**7. COMPLAINTS:**

You have a right to complain to HCP and to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint, contact our privacy contact person (contact information listed below).

PLEASE NOTE: NO ONE WILL RETALIATE AGAINST YOU FOR FILING A COMPLAINT.

**BY MAIL:**

Ruth Siebert, RHIT  
Privacy Officer  
Hampden Psychological Consultation  
108 B Main Road South  
Hampden, Maine 04444

**BY PHONE:**

(207) 862-3370

You may file a written complaint to the following address:

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, DC 20201

Or online:  
[www.hhs.gov/ocr/office](http://www.hhs.gov/ocr/office)

**8. EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO PRIVACY POLICY**

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice either in person or by mail.

*Revision Dates:*