

**NORTH HILLS PSYCHOLOGICAL ASSOCIATES, INC.**  
**SERVICE BROCHURE**

Welcome to our practice. This document contains important information about our professional services & business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them at our next meeting. This will constitute a binding agreement between us.

**SERVICES**

Available services include individual, family, and couples psychotherapy and psychological testing for children, adolescents, adults, couples and families. An initial evaluation will enable us to recommend the most appropriate treatment for you.

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the clinician and the patient and the particular problems/concerns which the patient brings. There are a number of different approaches which can be utilized to address the problems you hope to change. It is not like visiting a medical doctor, in that psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work both during our sessions and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy often requires recalling unpleasant aspects of your history. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, and better relationships and resolutions of specific problems. There are, however, no guarantees of therapy.

We assess for the mental health and substance abuse status of all individuals receiving treatment. By the end of the evaluation, your therapist will be able to offer you some initial impressions of what our work will include and an initial treatment plan, if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, your therapist will be happy to help you to secure an appropriate consultation with another professional.

**CLINICIANS**

A psychiatrist is a medical doctor who has obtained additional qualifications to become a specialist in the diagnosis, treatment and prevention of mental illness and emotional problems. Psychiatrists are able to do evaluations, therapy and prescribe medications.

A licensed psychologist has either a Master's or Doctoral degree in psychology or a related field, has completed the required number of hours (3500 hours) of supervised experience, under the direct supervision of a licensed psychologist, and has met all other criteria required by the state licensing board to be eligible to sit for and successfully pass the state and national licensing exams. A psychologist can provide therapy, psychological testing and evaluations.

A school psychologist has either a Master's or Doctoral degree in education or psychology & holds a certificate in school psychology, received after completing educational requirements & an internship under the supervision of a certified school psychologist. School psychologists use their knowledge to study how students' surroundings at home & at school affect the way they learn.

A licensed clinical social worker has a Master's degree in social work and has passed the state licensing exam. A Master's level social worker has completed two internships under the supervision of a Master's level social worker, and has completed the educational requirements that provide specialized training in individual, family and group therapy.

A licensed professional counselor has a Master's degree in counseling and has passed the state licensing exam and has completed at least two years or 2,400 hours of supervised clinical experience.

**OUR CLINICIANS**

Please visit our website [www.nhpa.com](http://www.nhpa.com) for a listing and bios of our clinicians.

**CONFIDENTIALITY**

Psychological services are best provided in an atmosphere of trust. Your clinician will be honest with you about your problems and progress. You are expected to be honest with your clinician about your expectations for services, your compliance with medication and other recommendations, and any other barriers to treatment.

Because trust is so important, all services are confidential. Except for the exceptions described below, your status as a client, and

everything you say during therapy remains confidential. If it would be helpful to collaborate with other professionals, such as physicians or schools, this will be done only with your written consent, and only to the extent required. Also, if you have managed care insurance, certain information may need to be shared with your insurance carrier, with your written permission. We may be required to submit reports or discuss your case with a case manager. We have no control over the confidentiality of information once it is released to insurance companies. Their standards of confidentiality may be different from ours. Some of this information may then be entered in a databank which could be accessed by other insurers and could potentially affect access to insurance at a later date.

Due to changes in the Pennsylvania Child Protective Services Law please note the following. If a clinician has reason to suspect, on the basis of their professional judgment, that a child is or has been abused, they are required to report their suspicions to the authority or government agency vested to conduct child abuse investigations. Clinicians are required to make such reports even if they do not see the child in a professional capacity.

Clinicians are mandated to report suspected child abuse if anyone aged 14 or older tells them that he or she committed child abuse, even if the victim is no longer in danger. Clinicians are mandated to report suspected child abuse if anyone tells them that he or she knows of any child who is currently being abused. Also if we believe that an elderly person or a disabled person is being abused, we may be required to file a report with the appropriate state agency.

If we believe that a client is threatening serious bodily harm to another, we may be required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm him/herself, we may be required to seek hospitalization for the client, or to contact family members or others who can help provide protection.

In most judicial proceedings, you have the right to prevent your therapist from providing any information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, or in the case of a court order, a judge may require a therapist's testimony if he or she determines that resolution of the issues before him or her demands it. These situations have rarely arisen in our practice. Should such a situation occur, we will make every effort to fully discuss it with you before taking any action.

In order to provide the best treatment possible, our staff meets regularly for ongoing case consultation and supervision. Your therapist may occasionally find it helpful to consult about a case with other professionals. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, your therapist will not tell you about these consultations unless your therapist feels that it is important to your work together. If you are uncomfortable with, or have questions about, this process, please discuss this with your therapist.

**In the case of treatment of a child/adolescent, please be aware that requesting the release of treatment plans, notes or reports for forensic (court) purposes, or subpoenaing testimony about the content of your child's treatment, interferes with the therapy relationship and greatly jeopardizes his/her/their health and wellbeing.** Therefore, by initiating treatment you knowingly and freely waive your right to request the release of information (other than dates of sessions, length of sessions, attendance at sessions, and fee information) to your attorney or any other Officer of the Court. It is further understood that release of clinically-significant information to any Officer of the Court shall be by Court Order, signed by a duly appointed Judge, only.

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 which you may have at our next meeting. As you might expect, the laws governing these issues are quite complex and we are not attorneys. While your therapist is happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable.

## **SOCIAL MEDIA POLICY**

**Please note that if you need to contact your clinician between sessions, the best way to do so is by phone.** Please do not use Texting (SMS mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact your clinician. These sites are not secure and we may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with your clinician in public online if we have an already established client/therapist relationship. Engaging this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. We prefer using email only for rare circumstances. Please do not email your therapist content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with your clinician by email, be aware that all emails are retained in the logs of your and our Internet service providers. While it is unlikely that someone will be looking at these logs,

they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any substantive emails we receive from you and any responses that we send to you become a part of your legal record.

Our primary concern related to the use of Social Media is your privacy. Therefore, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

We post psychology news on Twitter. We have no expectation that you as a client will want to follow our Twitter stream. If you share this concern, there are more private ways to follow us on Twitter (such as using an RSS feed or a locked Twitter list), which would eliminate your having a public link to our content. You are welcome to use your own discretion in choosing whether to follow us. Note that we will not follow you back. We only follow other professionals on Twitter and we do not follow current or former clients on blogs or Twitter. Our reasoning is that we believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with your clinician, please bring them into your sessions where we can view and explore them together, during the therapy hour.

It is NOT a regular part of our practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions *may* be made during times of crisis. If we have a reason to suspect that you are in danger and you have not been in touch with your clinician via usual means (coming to appointments, phone, or email) there *might* be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if we ever resort to such means, we will fully document it and discuss it with you when we next meet.

If you use location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. We do not place our practice as a check-in location on various sites such as Foursquare. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at our office on a weekly basis. Please be aware of this risk if you are intentionally "checking in," from our office or if you have a passive LBS app enabled on your phone.

You may find our psychology practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that the listing is NOT a request for a testimonial, rating, or endorsement from you as our client.

The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence."

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, we cannot respond to any review on any of these sites whether it is positive or negative. We urge you to take your own privacy as seriously as we take our commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with your clinician about your feelings about your work together, there is a good possibility that your clinician may never see it.

If we are working together, we hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that we cannot tell people that you are our client and our Ethics Code prohibits us from requesting testimonials. But you are more than welcome to tell anyone you wish about your therapist or how you feel about the treatment we provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, we hope you will keep in mind that you may be sharing personally revealing information in a public forum. We urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to our attention so that we can discuss them. If you feel we have done something harmful or unethical and you do not feel comfortable discussing it with your clinician, you can always contact our President, Loretta Gephart, M.A. at 724-759-7514.

### COORDINATION OF CARE

NHPA will coordinate care with your Primary Care Physician & other treatment providers with your written permission.

### FEES FOR SERVICE

Intake Evaluation	\$195	Unpaid Co-pay	\$10
Psychotherapy 45 min	\$150	Legal Prep or Attendance	\$300 per hour*
Family/Couples Therapy	\$150	*Billed in half or full day increments, at the discretion of the provider.	
No Show	\$50	Check Returned	\$25
Cancellation w/o 24 hr notice	\$25		

In addition to weekly appointments, it is our practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations which last longer than 10 minutes, attendance at meetings or consultations with other professionals which you have authorized, preparation of records or treatment summaries, or the time required to perform any other service which you may request. In unusual circumstances, you may become involved in a litigation which may require our participation. You will be expected to pay for the professional time required even if your therapist is compelled to testify by another party.

Full payment is due at each session (unless you are covered by a managed care insurance that we participate with). Please make out your check **before the session begins**. Checks should be made payable to **NHPA** or can be stamped. A \$3.00 monthly rebilling fee will be charged to all overdue accounts.

### BILLING & INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health benefits policy, it will usually provide some coverage for mental health treatment **if you meet criteria for a mental health diagnosis**. We will provide you with whatever assistance we can in facilitating your receipt of the benefits to which you are entitled including submitting forms for managed care insurance plans. However, you, and not your insurance company, are responsible for full payment of the fee which we have agreed to. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers.

Many health insurance policies cover mental health services. Nevertheless, the reimbursement varies considerably from company to company, and from policy to policy. Also, most policies have annual deductibles, copayments, or other benefit limits. Please read your policy carefully to be aware of your coverage. We recommend that you call your employer's Personnel Department or the insurance company to inquire about your benefits. Ask specifically what is covered for outpatient mental health treatment and any specific limitations or requirements regarding providers of service. This is quite important since you are responsible for payment of services which your insurance may not cover.

Payment for services is due **at the time services are rendered** unless payment arrangements have been approved in advance by our staff or unless you have insurance coverage which requires another arrangement. We accept cash, checks, and major credit cards. If payment is not made at the time of service, a fee of \$10 will be charged to your account.

Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or installment payment plan. A fee of \$25 will be charged for checks returned for insufficient funds.

We do not routinely file insurance forms, **except for contracted managed care companies**. You will be provided with a monthly statement that has all the necessary information for you to submit for insurance reimbursement. If you have questions regarding this, or specific needs, please discuss this with your clinician. In cases where we participate with your insurance, we will accept assignment of insurance benefits.

"Managed Health Care Plans" such as HMOs and PPOs often require advance authorization before they will provide reimbursement for mental health services. These plans are often oriented toward a short-term treatment approach designed to resolve specific

problems that are interfering with one's usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. In our experience, while quite a lot can be accomplished in short-term therapy; many clients feel that more services are necessary after insurance benefits expire. If this is the case, we will do our best to explore options that allow you to continue your psychotherapy.

You should also be aware that most insurance agreements require you to authorize us to provide a clinical diagnosis, and sometimes additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and, in all probability, some if it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, we have no control over what they do with it. In some cases they may share the information with a national medical information data bank. If you request it, we will provide you with a copy of any report which we submit.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if the insurance benefits run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for our services yourself and avoid the complexities which are described above. We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. Unless your insurance is a managed care company with which we participate, we are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50%, or 80%) of "U.C.R.". "U.C.R." is defined as usual, customary and reasonable fees for this region. Thus, our fees are considered usual, customary and reasonable by most companies. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services or diagnosis they will not cover.
4. If you have a managed care insurance plan and you do not call for initial authorization, if required by your plan, before the first appointment, you will be responsible for any charges that your plan refuses to cover.

We must emphasize that as mental health care providers, our relationship is with you, not your insurance company. While the providing of statements for filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, we have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most cases, the only information which we release about a client's treatment would be the client's name, identifying data, the nature of the services provided and the amount due.

If you have any questions about the above information, PLEASE don't hesitate to ask us. We are here to help you.

#### **PROFESSIONAL RECORDS**

As you may be aware, your therapist is required to keep appropriate records of the professional services provided. Because these records contain information which could be misinterpreted by someone who is not a mental health professional, it is our general policy that clients may only review them in the presence of their therapist. However, if requested, you will be provided with a treatment summary unless it is believed that to do so would be emotionally damaging. If that is the case, we will be happy to forward the summary to another appropriate mental health professional who is working with you. There may be an additional charge for this service.

#### **MINORS**

If you are less than eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is our policy to request an agreement from parents that they consent to give up access to your records. If they agree, we will provide them only with general information on how your treatment is proceeding unless your therapist feels that there is a high risk that you will seriously harm yourself or another, in which case your therapist will notify them of this concern. We will also provide them with a summary of your treatment when it is complete. Before giving them any information, your therapist will discuss the matter with you and will do the best they can to resolve any objections you may have about what will be discussed.

## **APPOINTMENTS**

Our normal practice is to conduct an initial evaluation which will last from 1 to 3 sessions. During this time, you and your therapist can both decide whether he or she is the best person to provide the services which you need in order to meet your treatment objectives. If psychotherapy is initiated, we will usually schedule one 53 minute session (one appointment hour of 53 minutes duration) per week at a mutually agreed upon time, although sometimes sessions will be more or less frequent. Once this appointment hour is scheduled, you will be expected to pay for it unless you provide twenty-four hours advance notice of cancellation, or unless we both agree that you were unable to attend due to circumstances which were beyond your control. If it is possible, we will try to find another time to reschedule the appointment. Because this time is set aside just for you, it is important for you to keep your appointment.

**A fee of \$25 will be charged for each cancellation without 24 hours notice. Also, please don't No Show. A No Show appointment is one you fail to keep. If you no show for your appointment, a \$50 fee will be charged.**

## **OFFICE HOURS**

Office hours are by appointment only. Every effort is made to provide evening and weekend hours, when needed. Most appointments can be scheduled within 48 hours. Same day appointments are generally possible in cases of emergency. When calling, you may reach either the receptionist, office manager or the voice mail. When using voice mail, please leave a message in the appropriate mailbox, and your call will be returned during business hours.

## **EMERGENCY**

In case of an emergency please call the office at 724-759-7500. If there is no one available to answer your call, press option 1 to be connected to a clinician on call. You may also contact the Resolve Crisis Network at 1-888-796-8226 or call 911.

## **CONTACTING YOUR THERAPIST**

Therapists are often not immediately available by telephone. While the office is open 6 days per week, your therapist will not answer the phone while with a client. When a therapist is unavailable, the telephone is answered either by office staff or an automated voice mail system. We will make every effort to return your call on the same day, with the exception of weekends and holidays. If you are difficult to reach, please leave some times when you will be available. If you cannot reach your therapist, and you feel that you cannot wait for the return call, you should use the emergency option on the voice mail, call the Resolve Crisis Network at 1-888-796-8226, call 911, call your family physician, or call the emergency room at the nearest hospital and ask for the clinician on call. If your therapist is unavailable for an extended time, coverage will be provided by the on-call clinician as needed.

## **NOTICE OF TERMINATION**

You are not obligated to see your therapist any specified number of sessions. It is important, however, to give your therapist one session's notice of your intent to end therapy. In order to address termination issues, we ask you to avoid a situation where you would cancel and then not reschedule without explanation.

## **DIVERSITY**

In principle and practice, NHPA values and seeks a diverse staff and client population. We do not discriminate on the basis of gender, race, creed, age, sexual orientation, national origin, disability, or class.

## **OFFICE LOCATIONS**

### **NORTH HILLS PSYCHOLOGICAL ASSOCIATES, INC.**

10475 Perry Highway  
Town Centre, Suite 110  
Wexford, PA 15090  
724-759-7500  
FAX : 724-759-7600

200 Cedar Ridge Drive  
Suite 204  
Pittsburgh, PA 15205  
724-759-7500  
[www.nhpa.com](http://www.nhpa.com)

6315 Forbes Avenue  
Maxon Towers, Suite B13  
Pittsburgh, PA 15217  
724-759-7500  
Email : [nhpaweb@nhpa.com](mailto:nhpaweb@nhpa.com)

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.

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated some parts of this Notice are very detailed and you probably will have to read them several times to understand them. If you have any questions our Privacy Officer will be happy to help you understand our procedures and your rights. His or her name and address are at the end of this Notice.

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#### **A. Introduction - To our clients**

This Notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. Because the laws of this state and the laws of federal government are very complicated and we don't want to make you read a lot that may not apply to you, we have removed a few small parts. If you have any questions or want to know more about anything in this Notice, please ask our Privacy Officer for more explanations or more details.

#### **B. What we mean by your medical information**

Each time you visit us or any doctor's office, hospital, clinic, or any other "healthcare provider," information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the tests and treatment you got from us or from others, or about payment for healthcare. The information we collect from you is called, in the law, PHI, which stands for Protected Health Information. This information goes into your medical/healthcare record or file at our office.

In this office the PHI is likely to include these kinds of information:

- Your history: as a child, in school and at work, marriage and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, or needs.
- Diagnoses. This is the medical terms for your problems or symptoms.
- A treatment plan. A list of the treatments and any other services that we think will best help you.
- Progress notes. Each time you come in we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters
- Billing and insurance information

This list is just an illustration. There may be other kinds of information that go into your healthcare record here.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to us.

- To show that you actually received the services from us which we billed to you or to your health insurance company.
- For teaching and training other healthcare professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it and if you want a copy we can make one for you, (but we may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect, or believe that something important is missing, you can ask us to amend (add information to) your record, although in some rare situations we do not have to agree to do that. If you want, our Privacy Officer, listed at the end of this Notice, can explain more about this.

**C. *Privacy and the laws***

We are also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires us to keep your Personal Healthcare Information (or PHI) private and to give you this notice of our legal duties and our privacy practices which is called the Notice of Privacy Practices (or NPP). We will obey the rules of this notice as long as it is in effect but, if we change it, the rules of the new NPP will apply to all the PHI we keep. If we change the NPP we will post the new Notice in our office where everyone can see. You or anyone else can also get a copy from our Privacy Officer at any time.

**D. *How your protected health information can be used and shared***

When your information is read by me or by others in this office and used by us to make decisions about your care, that is called, in the law, “use.” If the information is shared with or sent to others outside this office, that is called, in the law, “disclosure.” Except in some special circumstances, when we use your PHI here or disclose it to others we share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed (shared) and so we will tell you more about what we do with your information.

We use and disclose PHI for several reasons. Mainly, we will use and disclose it for routine purposes and we will explain more about these below. For other uses we must tell you about them and have a written Authorization from unless the law allows or requires us to make the disclosure without your authorization. However, the law also says that there are some uses and disclosures that do not need your consent or authorization.

**1. *Uses and disclosures of PHI in healthcare with your consent***

After you have read this Notice you will be asked to sign a separate Consent form to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called health care operations. Together these routine purposes are called TPO and the Consent form allows us to use and disclose your PHI for TPO. Take a minute to re-read that last sentence until it is clear because it is very important. Next we will tell you more about TPO.

**1a. *For treatment, payment, or health care operations.***

We need information about you and your condition to provide care to you. When you come to see us, several people in our office may collect information about you and all of it may go into your healthcare records here. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations. Let’s see what these mean.

***For treatment***

We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of our services.

We may share or disclose your PHI to others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team we can share some of your PHI with them so that the services you receive will work together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record and so we all can decide what treatments work best for you and make up a Treatment Plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this we need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.



### **For payment**

We may use your information to bill you, your insurance, or others so we can be paid for the treatments we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things.

### **For health care operations**

There are a few other ways we may use or disclose your PHI for what are called health care operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

#### **1b. Other uses in healthcare**

**Appointment Reminders.** We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, we usually can arrange that. Just tell us.

**Treatment Alternatives.** We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

**Other Benefits and Services.** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

**Business Associates.** There are some jobs we hire other businesses to do for us. In the law, they are called our Business Associates. An example includes an electronic billing service. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with us to safeguard your information.

#### **2. Uses and disclosures that require your Authorization**

If we want to use your information for any purpose besides the TPO or those we described above we need your permission on an Authorization form. We don't expect to need this very often.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

#### **3. Uses and disclosures of PHI that do not require a Consent or Authorization**

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when we might have to share your information.

##### **When required by law**

There are some federal, state, or local laws that require us to disclose PHI.

- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information that was requested.
- We have to disclose some information to the government agencies that check on us to see that we are obeying the privacy laws.
- Child Abuse - Due to changes in the Pennsylvania Child Protective Services Law effective 1-1-2015, please note the following. If a clinician has reason to suspect, on the basis of their professional judgment, that a child is or has been abused, they are required to report their suspicions to the authority or government agency vested to conduct child abuse investigations. Clinicians are required to make such reports even if they do not see the child in a professional capacity.

Clinicians are mandated to report suspected child abuse if anyone aged 14 or older tells them that he or she committed child abuse, even if the victim is no longer in danger.

Clinicians are mandated to report suspected child abuse if anyone tells them that he or she knows of any child who is currently being abused.

##### **For Law Enforcement Purposes**

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

**For public health activities**

We might disclose some of your PHI to agencies that investigate diseases or injuries.

**Relating to decedents**

On rare occasions, we might be required to disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

**For specific government functions**

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.

**To Prevent a Serious Threat to Health or Safety**

If we come to believe that there is a serious threat to your health or safety or that of another person or the public we can disclose some of your PHI. We will only disclose this information as required by law to persons who can prevent the danger, or are in danger.

**4. Uses and disclosures where you to have an opportunity to object**

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about whom you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency - so we cannot ask if you disagree - we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve we will stop, as long as it is not against the law.

**5. An accounting of disclosures**

When we disclose your PHI we may keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

**E. Your rights regarding your health information**

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you. Contact our Privacy Officer to arrange how to see your records. See below.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

Also, you may have other rights that are granted to you by the laws of our state. These may be the same or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

**F. If you have questions or problems**

If you need more information or have questions about the privacy practices described above please speak to the Privacy Officer whose name and telephone number are listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and with the Secretary of the federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

If you have any questions regarding this Notice or our health information privacy policies, please contact our Privacy Officer who is Loretta A. Gephart, M.A. and can be reached by phone at 724-759-7514 or by e-mail at lgephart@nhpa.com.

The effective date of this notice is April 14, 2003

#### **NHPA Addendum to the Privacy Notice**

If there is a breach of your confidentiality, then NHPA must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless NHPA (the covered entity) can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.

If you are self-pay, then you may restrict the information sent to insurance companies.

Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases that are not mentioned in this Privacy Notice (such as mandated reporting of child abuse, reporting of elder abuse, reporting of impaired drivers, etc.).

You have a right to receive a copy of your Protected Health Information in an electronic format or (through a written authorization) designate a third party who may receive such information.

The effective date of this notice is September 9, 2013

#### **NORTH HILLS PSYCHOLOGICAL ASSOCIATES, INC. (NHPA) NOTICE OF PRIVACY PRACTICES – BRIEF VERSION**

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

Our commitment to your privacy.

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. This pamphlet is a shorter version of the full, legally required NPP, which you received along with this, so refer to it for more information. However, we cannot cover all possible situations, so please talk to our Privacy Officer (see the end of this pamphlet) about any questions or problems.

We will use the information about your health, which we get from you or from others, mainly to provide you with treatment and/or consulting, to arrange payment for our services, and for some other business activities which are called, in the law, health care operations. After you have read this NPP we will ask you to sign a Consent Form to let us use and share your information.

If we or you want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization form to allow this.

Of course we will keep your health information private, but there are some times when the laws require us to use or share it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat, or the person who is in danger.
2. Court orders, some lawsuits and legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these that do not happen very often. They are described in the longer version of the NPP.

#### Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we do not have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you. Contact our Privacy Officer to arrange how to see your records. See below.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from our Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer who is Loretta A. Gephart, M.A. and can be reached by phone at 724-759-7514 or by e-mail at [lgephart@nhpa.com](mailto:lgephart@nhpa.com).

The effective date of this notice is April 14, 2003

#### **NHPA Addendum to the Privacy Notice**

If there is a breach of your confidentiality, then NHPA must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless NHPA (the covered entity) can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.

If you are self-pay, then you may restrict the information sent to insurance companies.

Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases that are not mentioned in this Privacy Notice (such as mandated reporting of child abuse, reporting of elder abuse, reporting of impaired drivers, etc.).

You have a right to receive a copy of your Protected Health Information in an electronic format or (through a written authorization) designate a third party who may receive such information.

The effective date of this notice is September 9, 2013

#### **NHPA Addendum to the Privacy Notice**

Due to changes in the Pennsylvania Child Protective Services Law please note the following.

If a clinician has reason to suspect, on the basis of their professional judgment, that a child is or has been abused, they are required to report their suspicions to the authority or government agency vested to conduct child abuse investigations. Clinicians are required to make such reports even if they do not see the child in a professional capacity.

Clinicians are mandated to report suspected child abuse if anyone aged 14 or older tells them that he or she committed child abuse, even if the victim is no longer in danger.

Clinicians are mandated to report suspected child abuse if anyone tells them that he or she knows of any child who is currently being abused.

The effective date of this notice is January 1, 2015