

**Franco Psychological Associates, P.C.**  
**NOTICE OF PRIVACY PRACTICES**

**Our Commitment to Your Privacy**

Franco Psychological Associates, P.C. (FPA, P.C.) is dedicated to maintaining the privacy of your *Personal Health Information* (PHI). As required by the Health Insurance Portability and Accountability Act (“HIPAA”), we have prepared this explanation (Notice) of how we may use and disclose your medical information that we maintain and how you can get access to this information.

**I. Consent**

With your consent we may “use” your PHI within our practice, for treatment, payment, and health care operation purposes. In all cases, we will share only the minimum amount of information necessary to conduct the activity.

- *Treatment* relates to sharing PHI including status of substance use to provide, coordinate, or plan your health care. (For example, we may consult with another therapist on our staff regarding the most effective plan of treatment.)

- *Payment* uses involve disclosure of your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

- *Health Care Operations* relates to the performance and operation of our practice, such as measures of treatment effectiveness, patient satisfaction, and appointment reminders.

Note: If a child turns 14 years old and can then legally consent to treatment themselves, unless they indicate otherwise, we will assume their ongoing consent.

**II. Authorization**

We will only “disclose” the minimum necessary PHI for purposes other than treatment, payment, and health care operations noted above when your appropriate prior written authorization is obtained. This authorization will identify the specific information you wish to disclose, the specific identity of the person(s) to whom the information is to be disclosed, and the purpose. Our psychotherapy notes, which may describe some of the content of your sessions, will only be disclosed with your specific authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent we have already taken actions relying on your authorization.

**III. Uses and Disclosures Without Authorization**

We may be required to disclose PHI without your authorization to preserve life, protect persons from immediate harm, or to refer you to a more appropriate level of care when there is:

- **Suspected Child Abuse:** If we have reason to suspect, on the basis of our professional judgment, that a child is or has been abused, we are required to report our suspicions to the authority or government agency vested to conduct child-abuse investigations. We are required to make such reports even if we do not see the child in our professional capacity.

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

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

- **Older Adult and Domestic Abuse:** If we believe that an adult is in need of protective services (abuse or neglect), we may need to report to the local agency which provides protective services.
- **Serious Threat to Health or Safety:** If you express a serious threat to kill or seriously injure a readily identifiable person, including yourself or others and we determine that you are likely to carry out the threat, we are mandated to take reasonable measures to prevent harm to you or

others. This may include directly advising the potential victim of the threat or referring you to a higher level of care. Further, if you are a potential danger to yourself and the public because of driving while intoxicated and unwilling to make alternate arrangements, we may notify the police.

We may also be required to disclose PHI without your consent or authorization for the following specific legal reasons. **However, we will attempt to obtain your prior written authorization before releasing this information.**

- If you are involved in a court proceeding and a **judge issues a court order** to release your records (not simply a subpoena from an attorney).
  - If you file a worker's compensation claim, we will be required to file periodic reports with your employer, which shall include, where pertinent, history, diagnosis, treatment, and prognosis.
- Additionally, when the use and disclosure without your consent or authorization is allowed under the Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

**IV. Client's Rights** – You Have the Right to:

- **Receive Confidential Communications by Alternative Means and at Alternative Locations** – for example, you may not want a family member to know that you are receiving services here. Upon your written request, we will send your bills to another address.
- **Request Restrictions** – on certain uses and disclosures of PHI about you. However, we are not required to agree to a restriction you request. Your request should be made in writing to the Privacy Officer.
- **Inspect, Copy, and Amend** – your PHI in our mental health and billing records upon your written request. In some unusual situations you may not be permitted to see all of the record, but we will discuss the details of this process with you.
- **An Accounting** – of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice), upon your written request.
- **Restrict Disclosures** – of PHI to a health plan when you pay out-of-pocket in full for our services.
- **Be Notified** – if (a) there is a breach (use or disclosure of PHI in violation of HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine there is low probability that your PHI has been compromised.

**V. Complaints**

You have the right to file a written complaint with Rebekah L. Feeser, Ph.D., Privacy Officer/Clinical Director, at 26 State Ave., Carlisle, PA 17015, or the U.S. Department of Health and Human Services, Office of Civil Rights (1-877-696-6775), if you feel that your privacy protections have been violated.

I have read and understood the above Notice

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

I have been offered a copy of this Notice and have \_\_\_ accepted or \_\_\_ declined