

THE NEW HIPAA PRIVACY RULES AND WHAT IT MEANS TO YOU

WHAT IS HIPAA?

The Health Insurance Portability and Accountability Act was made into law in August of 1996 and went into effect in April, 2003. The purpose of this act is to provide patients with certain protection about having confidential information about them, collected during the course of treatment, disclosed against their wishes or without their consent. The Privacy Rule essentially involves the standards for implementing HIPAA requirements that were issued by the U.S. Department of Health and Human Services.

PATIENT RIGHTS REGARDING THEIR PRIVATE HEALTH INFORMATION

Patients have the right to request restrictions on certain uses and disclosures of protected health information (e.g. allowing or prohibiting disclosures to family members or close personal friends) and although the law does not *require* the psychologist to agree to these restrictions, once a restriction is agreed upon, it *must* be honored. In addition, patients have the right to reasonable requests to receive confidential communications of protected health information at alternate addresses or only by phone, the right to inspect and copy their protected health information, and the right to amend this information when they believe an error has been made. Additionally, patients have the right to receive an accounting of all disclosures that do not relate to the ordinary routines in providing treatment, billing and running a business, and a right to obtain a more detailed description of all of their rights under HIPAA.

WHAT INFORMATION IS PROTECTED?

All “individually identifiable health information” whether oral, written or transmitted via fax or the internet has been designated as “protected health information” and essentially includes anything that identifies the individual by name, address, birth date or Social Security Number.

HOW THIS INFORMATION IS PROTECTED

Personal patient information must be kept separate from public areas and must not be released to anyone without specific patient written consent.

ROUTINE EXCLUSIONS TO THIS PROTECTION

However, the law provides for certain instances when this information can be shared with other people *without* the patient's consent. These include any activities that have to do with providing patient treatment (e.g. an Appointment secretary having access to the patient's name, address, and phone number for scheduling appointments or when a progress note is sent to a referring physician), *handling billing issues and for all other purposes in running the business aspects of a psychology practice*. In each of these instances, the law requires that the individuals having access to a patient's private information receive only the minimal amount of information necessary for them to do the specific details of their job.

OTHER EXCLUSIONS

There is a specific form that patients are required to use when they wish to authorize the disclosure of protected information to anyone else. Written authorization by patients will always be to a specific individual for a specific purpose and will note a stated period of time for which this authorization is in effect.

PSYCHOTHERAPY NOTES ARE AFFORDED EVEN MORE PROTECTION

General information such as name, date of birth, address, Social Security Number, diagnosis, prognosis, medications prescribed and general level of functioning is different from psychotherapy notes which may contain very personal information about their private concerns that they may discuss with their psychologist. Psychotherapy notes are afforded even more protection. Unless it is necessary for a treating psychologist to defend themselves in court from a legal action brought by a patient, *specific authorization from the patient is required to release this much more sensitive information*.

PROCEDURES FOR MAKING A FORMAL COMPLAINT WHEN PATIENTS BELIEVE THEIR PRIVACY HAS BEEN VIOLATED.

If a patient believes that their privacy has been violated, they should file a written complaint directly to Dr. David Margolis, 477 Congress St., Suite 1300, Portland, Maine 04101. In addition, a written complaint may also be addressed to:

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035
(207) 624-8660 (voice)
kaidena.l.neumann@maine.gov

PLEASE SIGN THIS FORM AND BRING WITH YOU TO YOUR FIRST APPOINTMENT

Scheduled Appointments

When appointment times are scheduled, they are reserved for you. **Failure to keep a scheduled appointment without 48 hours notice for reasons other than a medical or family emergency will result in a charge for the missed hour. Please be advised that fees for missed appointments are not covered by insurance carriers and therefore are your sole responsibility.** On the rare occasion due to snow, illness, or patient emergency, there may be a need for Dr. Margolis to change a scheduled appointment. All efforts will be made to contact you with as much advance notice as possible

Fee Information/Insurance Policies

The fee for psychotherapy services is billed at \$170 for the initial visit and \$135 per session for each subsequent clinical hour. A clinical hour is defined by insurance companies as 45-50 minutes. Courtroom appearances are billed at \$200 per hour, portal to portal.

The insurance business has changed radically over the past few years with the advent of managed care coverage. *It is the responsibility of the patient to inquire of his/her employer or insurance carrier the extent of benefit coverage, deductible amounts, and co-pay fees.* These vary considerably and it is the responsibility of each policy holder to know the precise extent of their benefits.

Patients are responsible for payment of their deductible and co-pay fees at the time of service.

Credit card information is required, although you may pay your bill with a local check This office will file all the required forms with your insurance carrier. You will be sent a statement regarding any outstanding balance for which you are financially responsible at the end of each month

PRIVACY

LIMITATIONS

Specific information said within the confines of this office will remain confidential unless you make a request in writing to share information with a designated person or agency.

Be Advised : A condition of your medical insurance may require that I periodically submit a request for additional sessions based upon the medical necessity for continued treatment. By doing so, I am sharing personal information about you with your insurance carrier with your consent.

Your signature below indicates that you have read and agreed to the policies noted above in addition to being provided with a copy of the HIPAA Privacy Regulations

Patient Signature, (Parent or Guardian)
