



## **GrantCARE Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information**

*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.*

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### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your protected health information (PHI) for treatment, evaluation, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment, and Health Care Operations"
  - *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when I obtain reimbursement for your healthcare. Examples include disclosing PHI to your health insurer for reimbursement or eligibility determination.
  - *Health Care Operations* are activities related to the performance and operation of my practice, such as quality assessment, audits, administrative services, case management, and care coordination.
- "Use" applies to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.

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## **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, evaluation, payment, or health care operations only when your appropriate authorization is obtained. An "authorization" is written permission above and beyond general consent that permits specific disclosures.

I will obtain an authorization before releasing your Psychotherapy Notes. These are notes I have made during private, group, joint, or family counseling sessions, kept separate from your medical record and given greater protection than standard PHI.

You may revoke any authorizations at any time, provided the revocation is in writing. You may not revoke an authorization to the extent that:

1. I have already relied on it, or
2. If it was a condition of obtaining insurance coverage and the insurer has the right to contest a claim under the policy.

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## **III. Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without your consent or authorization in the following situations:

- *Child Abuse*: If I have reasonable cause to suspect that a child under 18 has been abused, neglected, injured non-accidentally, or is at imminent risk of serious harm, I must report it.
- *Adult and Domestic Abuse*: If I know or suspect that an elderly or disabled individual has been abused, I may disclose information as permitted by law.
- *Health Oversight Activities*: If the Connecticut Board of Examiners of Psychologists is investigating my practice, they may subpoena relevant records.
- *Judicial and Administrative Proceedings*: If you are involved in a legal case and information about your treatment is requested, such information is privileged and won't be released without your written authorization or a court order. Exceptions include court-ordered evaluations or third-party evaluations, in which case you will be informed in advance.
- *Serious Threat to Health or Safety*: If there is a risk of imminent personal or property injury, I may disclose information as allowed by law.

- *Worker's Compensation:* I may disclose PHI to comply with laws relating to workers' compensation or similar programs.
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#### **IV. Patient's Rights and Psychologist's Duties**

##### **Patient's Rights:**

- *Right to Request Restrictions:* You can request restrictions on the use/disclosure of your PHI, but I am not required to agree.
- *Right to Confidential Communications:* You can request PHI be sent to an alternative address or by alternative means.
- *Right to Inspect and Copy:* You may inspect or obtain a copy of PHI in your mental health and billing records. I may deny access in certain cases but will explain your rights.
- *Right to Amend:* You may request changes to your record. I may deny your request but will explain why.
- *Right to an Accounting of Disclosures:* You may request a list of disclosures made.
- *Right to a Paper Copy:* You can request a paper copy of this notice even if you received it electronically.

##### **Psychologist's Duties:**

- I am required by law to maintain PHI privacy and provide this notice.
  - I may change privacy policies and practices, but I will follow current terms unless notified otherwise.
  - If revised, I will mail a copy of the updated notice to you.
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#### **V. Complaints**

If you believe your privacy rights have been violated, you may contact me directly. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. Contact information will be provided upon request.

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#### **VI. Effective Date and Changes to Policy**

This policy is effective as of April 24, 2025. I reserve the right to change this notice and apply it to all PHI I maintain. Revised notices will be mailed to you.

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**GrantCARE | Counseling, Assessment, Research, & Evaluation**

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