



**Psychology and  
Beyond, LLC**

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## **NOTICE OF PSYCHOLOGIST'S POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION**

### **Use and Disclosure of PHI**

Protected Health Information (“PHI”) may not be used or disclosed in violation of the Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Rule (45 C.F.R. parts 160 and 164) or in violation of Indiana State law.

I am permitted, but not mandated, under the Privacy Rule to use and disclose PHI without patient consent or authorization in limited circumstances. However, state or federal law may supercede, limit, or prohibit these uses and disclosures.

Under the Privacy Rule, these permitted uses and disclosures include those made:

- To the patient
- For treatment, payment, or health care operations purposes, or
- As authorized by the patient.

Additional permitted uses and disclosures include those related to or made pursuant to:

- Reporting on victims of domestic violence or abuse, as required by law
- Court orders
- Workers’ compensation laws
- Serious threats to health or safety
- Government oversight (including disclosures to a public health authority, coroner or medical examiner, military or veterans’ affairs agencies, an agency for national security purposes, law enforcement)

I do not use or disclose PHI in ways that would be in violation of the Privacy Rule or state law. I use and disclose PHI as permitted by the Privacy Rule and in accordance with state or other law. In using or disclosing PHI, I meet the Privacy Rule’s “minimum necessary requirement,” as appropriate.

### **Procedure Guidance**

The procedures needed to protect PHI are included, consistent with this policy, in the next section, Minimum Necessary Disclosure.

### **Use and Disclosure of PHI—Minimum Necessary Requirement**

When using, disclosing or requesting PHI, I make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. I

recognize that the requirement also applies to covered entities that request my patients' records and require that such entities meet the standard, as required by law.

The minimum necessary requirement does not apply to disclosures for treatment purposes or when I share information with a patient. The requirement does not apply for uses and disclosures when patient authorization is given. It does not apply for uses and disclosures as required by law or to uses and disclosures that are required for compliance with the Privacy Rule.

### **Procedure Guidance**

- The providing practitioners, notably Pia Nathani, Ph.D. HSPP, and her business associates, who have been appropriately trained in HIPAA policy and procedure and have signed a Business Associate Agreement, need access to PHI to carry out their duties.
- Routine disclosures to third party payers are conducted with the signed permission and request of the patient, per either the "Consent for Treatment for Minor Patients" form, or the corresponding adult version called the "Consent for Treatment" form routinely signed at intake.
- Routine and non-routine disclosures to other entities (e.g., physicians, attorneys, other health care providers, employers) occur only at the request of the patient and with the patient's or the guardian's signed release on the "Consent for Release of Confidential Information" form. Only that information expressly requested that it be released, per the patient's or guardian's selection on this form is released. Each instance of release of information is documented in the patient's chart with a date and signed or initialed entry.
- The criteria used for disclosure of PHI are limited to what is reasonably necessary to accomplish the purpose for which the request is made. Non-routine disclosure requests require review on an individual basis.
- Requests made to other health care providers or entities for PHI are restricted to the minimum necessary information. These requests occur only at the request of the patient and with the patient's or the guardian's signed release on the "Consent for Release of Confidential Information" form. Only that information expressly requested that it be obtained, per the patient's or guardian's selection on this form is sought. Each instance of requests to other health care providers for PHI is documented in the patient's chart with a date and signed or initialed entry.
- I may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose, if the PHI is requested by another covered entity.

- I may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose, if the PHI is requested by a member of my staff or business associate.
- I will not use, disclose, or request an entire medical record, except when the entire medical record is justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request.

### **Use and Disclosure of PHI—Psychotherapy Notes Authorization**

While a patient may authorize the release of any of his PHI, the Privacy Rule specifically requires patient authorization for the release of Psychotherapy Notes. Psychotherapy Notes authorization is different from patient consent or authorization of other PHI, because a health plan or other covered entity may not condition treatment, payment, enrollment, or eligibility for benefits on obtaining such authorization.

As defined by the Privacy Rule, “Psychotherapy Notes” means “notes recorded (in any medium) by a mental health professional, documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the individual’s medical record.” The term “excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.”

I abide by the Psychotherapy Notes authorization requirement of the Privacy Rule, unless otherwise required by law. In addition, authorization is not required in the following circumstances--

- For my use for treatment
- For use or disclosure in supervised training programs where trainees learn to practice counseling
- To defend myself in a legal action brought by the patient, who is the subject of the PHI
- For purposes of HHS in determining my compliance with the Privacy Rule
- By a health oversight agency for a lawful purpose related to oversight of my practice
- To a coroner or medical examiner
- In instances of permissible disclosure related to a serious or imminent threat to the health or safety of a person or the public.

I recognize that a patient may revoke an authorization at any time in writing, except to the extent that I have, or another entity has, taken action in reliance on the authorization.

### **Procedure Guidance**

- Psychotherapy Notes are maintained in the client chart. The client chart is maintained in a locked file cabinet within a locked room.

- Whole charts are rarely copied and released to any requesting party; therefore, psychotherapy notes are almost never released. When a patient requests that an entire chart be copied and released (e.g., for disability determination) a discussion occurs with the patient about the pros and cons of release of the entire chart and the benefits of providing a clinical summary of the most salient issues relevant to that specific request for information. This policy is followed routinely to provide best clinical care and to significantly limit any disclosure of the Psychotherapy Notes maintained in the client chart.
- If the patient requests that information be released, they are expressly guided through the “Consent for Release of Information” form and advised about the different categories of information that may be released (e.g., diagnosis, progress and treatment, psychotherapy notes). The nature and distinction of the portion of the chart that includes psychotherapy notes are explained to patients and when requested they are released. Likewise, if the patient request release of a copy of their chart and they do not wish to have their psychotherapy notes released then those sections of each entry are blocked out in the copying process.
- All patient requests for restrictions of release of psychotherapy notes are honored. Authorization can be revoked by the patient at any time but this cannot limit the release of psychotherapy notes that has already transpired per the patient’s signed consent and request. I document and retain such authorization in the client chart.
- Every reasonable effort is made to confirm that I have received a valid authorization for release of psychotherapy notes.

A valid authorization—

- Must be completely filled out with no false information.
- May not be combined with another patient authorization.
- Must be written in plain language.
- Must contain a statement adequate to put the patient on notice of his or her right to revoke the authorization in writing and either exceptions to such right and a description of how to revoke, or a reference to revocation in the notice provided to the patient.
- Must contain a statement adequate to put the patient on notice of the inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization.
- Must contain a statement adequate to put the patient on notice of the potential for information to be redisclosed and no longer protected by the rule.

Further, a valid authorization must contain the following information—

- A description of the information to be used and disclosed that identifies the information in a specific and meaningful fashion.

- The name or other specific identification of the person(s), or class of persons, authorized to make the requested use and disclosure.
  - The name or other specific identification of the person(s), or class of persons, to whom the requested use and disclosure will be made.
  - A description of each purpose of the requested use or disclosure. The statement “at the request of the individual” is a sufficient description of the purpose when a patient initiates the authorization and does not, or elects not to, provide a statement of the purpose.
  - An expiration date that relates to the individual or the purpose of the use or disclosure.
  - A signature (or if signed by a personal representative, a description of authority to sign) and date.
- Patients are provided a copy of any signed authorization.

### **Patient Rights—Notice**

As required under the Privacy Rule, and in accordance with Indiana state law, I provide notice to patients of the uses and disclosures that may be made regarding their PHI and my duties and patient rights with respect to notice. I make a good faith effort to obtain written acknowledgment that my patient receives this notice.

### **Procedure Guidance**

- Pia Nathani, Ph.D. HSPP serves as the Privacy Officer for Psychology and Beyond, LLC He can be reached at 317-498-5751.
- Patients receive the “Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information” and the “Psychologist-Patient Services Agreement” prior to their first appointment. They are asked to sign the “Acknowledgement of Receipt of Psychologist-Patient Services Agreement and HIPAA Notice Form” prior to their first appointment. The signed form is kept in the patient chart.
- I provide the notice to my patient prior to or on the first date of treatment. In an emergency situation, I provide notice “as soon as reasonably practicable.” This first date of treatment timing requirement applies to electronic service delivery, and a patient may request a paper copy of notice when services are electronically delivered.
- Except in emergency situations, I make a good faith effort to obtain from a patient written acknowledgement of receipt of the notice. If the patient refuses or is unable to acknowledge receipt of notice, I document why acknowledgement was not obtained.

- I promptly revise and distribute notice whenever there is a material change to uses and disclosures, patient’s rights, my legal duties, or other privacy practices stated in the notice.
- I make notice available in my office for patients to take with them and post the notice in a clear and prominent location.
- Notice may be made available by e-mail if agreed to by the patient.

**Patient Rights—Restrictions and Confidential Communications**

The Privacy Rule permits patients *to request* restrictions on the use and disclosure of PHI for treatment, payment, and health care operations, or to family members. While I am not required to agree to such restrictions, I will attempt to accommodate a reasonable request. Once I have agreed to a restriction, I may not violate the restriction; however, restricted PHI may be provided to another health care provider in an emergency treatment situation.

A restriction is not effective to prevent uses and disclosures when a patient requests access to his or her records or requests an accounting of disclosures. A restriction is not effective for any uses and disclosures authorized by the patient, or for any required or permitted uses recognized by law.

The Privacy Rule also permits patients *to request* receiving communications from me through alternative means or at alternative locations. As required by the Privacy Rule, I will accommodate all reasonable requests.

**Procedure Guidance**

- Requests to restrict the use and disclosure of information are handled on an individual basis. Patients or guardians are required to make this request in writing. Once the request is received by my office, it is documented by filing it in the patient chart.
- I am not required to accommodate requests to restrict the use and disclosure of information, but once agreed upon, I may not violate the agreement.
- Restricted PHI may be provided to another health care provider in an emergency treatment situation.
- A restriction is not effective to prevent uses and disclosures when a patient requests access to his or her records or requests an accounting of disclosures.
- A restriction is not effective for any uses and disclosures authorized by the patient, or for any required or permitted uses recognized by law.
- I permit patients *to request* receiving communications through alternative means or at alternative locations and I accommodate reasonable requests. I may not require an explanation for a confidential communication request, and reasonable accommodation may be conditioned on information on how payment will be handled and specification of an alternative address or method of contact.
- Termination can be accepted orally or in written form and that you document such termination.

### **Patient Rights—Access to and Amendment of Records**

In accordance with Indiana state law, the Privacy Rule, and other federal law, patients have access to and may obtain a copy of the medical and billing records that I maintain. Patients are also permitted to amend their records in accordance with such law.

### **Patient Rights—Accounting of Disclosures**

I provide my patients with an accounting of disclosures upon request, for disclosures made up to six years prior to the date of the request. While I may, I do not have to provide an accounting for disclosures made for treatment, payment, or health care operations purposes, or pursuant to patient authorization. I also do not have to provide an accounting for disclosures made for national security purposes, to correctional institutions or law enforcement officers, or that occurred prior to April 14, 2003.

### **Procedure Guidance**

- A patient can request an accounting of disclosures by completing the “Patient Request for Accounting for Disclosures of Health Information” form. Patients may request an account of disclosures by submitting a request in writing. The request must state the time period for which the accounting is to be supplied, which may not be longer than six years. The request must state where the patient wishes to be sent the accounting via postal mail.
- A written accounting will be provided on the “Accounting for Disclosures Form.” For each disclosure in the accounting--the date, name and address (if known) of the entity that received the PHI, a brief description of the PHI disclosed, and a brief statement of the purpose of the disclosure that “reasonably informs” the patient of the basis of the disclosure—is provided. In lieu of the statement of purpose, a copy of a written request for disclosure for any of the permitted disclosures in the Privacy Rule or by HHS for compliance purposes may be provided.
- I keep a copy of the accounting and include the name of the person (which can be me) who is responsible for receiving and processing accounting requests.
- If multiple disclosures have been made for a single purpose for various permitted disclosures under the Privacy Rule or to HHS for compliance purposes, the accounting also includes the frequency, periodicity, or number of disclosures made and the date of the last disclosure.
- I provide an accounting within 60 days of a request, and that I may extend this limit for up to 30 more days by providing the patient with a written statement of the reasons for the delay and the date that the accounting will be provided.

- The first accounting is provided without charge. For each subsequent request I may charge a reasonable, cost-based fee. I will inform the patient of this fee and provide the patient the option to withdraw or modify his or her request.
- I must temporarily suspend providing an accounting of disclosures at the request of a health oversight agency or law enforcement official for a time specified by such agency or official. The agency or official should provide a written statement that such an accounting would be “reasonably likely to impede” activities and the amount of time needed for suspension. However, the agency or official statement may be made orally, in which case I will document the statement, temporarily suspend the accounting, and limit the temporary suspension to no longer than 30 days, unless a written statement is submitted.

### **Business Associates**

I rely on certain persons or other entities, who or which are not my employees, to provide services on my behalf. These persons or entities may include accountants, lawyers, billing services, and collection agencies. Where these persons or entities perform services, which require the disclosure of individually identifiable health information, they are considered under the Privacy Rule to be my business associates.

I enter into a written agreement with each of my business associates to obtain satisfactory assurance that the business associate will safeguard the privacy of the PHI of my patients. I rely on my business associate to abide by the contract but will take reasonable steps to remedy any breaches of the agreement that I become aware of.

### **Procedure Guidance**

- I enter into and maintain a business associate contract with any person and entity that provides services on my behalf, which require the disclosure of individually identifiable health information.
- Business associates sign the “Business Associate Contract” which establishes the uses and disclosures of PHI to the business associate and prohibits use and further disclosure, except to the extent that information is needed for the proper management and administration of the business associate or to carry out its legal responsibilities. The contract also provides that the business associate will—
  - Use appropriate safeguards to prevent inappropriate use and disclosure, other than provided for in the contract,
  - Report any use or disclosure not provided for by its contract of which it becomes aware,
  - Ensure that subcontractors agree to the contract’s conditions and restrictions,
  - Make records available to patients for inspection and amendment and incorporate amendments as required under the patient access and amendment of records requirements of the rule,
  - Make information available for an accounting of disclosures,

- Make its internal practices, books, and records relating to the use and disclosure of PHI available to HHS for compliance reviews, and
- At contract termination, if feasible, return or destroy all PHI.
- If I know of a pattern of activity or practice of a business associate that constitutes a material breach or violation of the agreement, I will take reasonable steps to cure the breach. If such steps are unsuccessful, I will terminate the contract, or if termination is not feasible, I will report the problem to HHS.

### **Administrative Requirement—Privacy Officer**

#### **Policy**

Dr. Nathani functions as the privacy officer for Psychology and Beyond, LLC and is responsible for the development and implementation of the policies and procedures to protect PHI, in accordance with the requirements of the Privacy Rule. As the contact person, the privacy officer receives complaints and fulfills obligations as set out relevant notice to patients.

#### **Procedure Guidance**

- Dr. Nathani is the privacy officer who is responsible for the development and implementation of the policies and procedures to protect PHI, in accordance with the requirements of the Privacy Rule. Dr. Nathani is the contact person for the office to receive complaints and fulfill obligations set out in notice to patients.

### **Privacy Officer Job Description**

The Privacy Officer is responsible for all ongoing activities related to the development, implementation, maintenance of, and adherence to the practice's policies and procedures covering the privacy of and access to patient's PHI in compliance with federal and state laws.

Reporting Relationship: As applicable

*Qualifications:* Current knowledge of applicable federal and state privacy laws.

The *duties* of the Privacy Officer are as follows:

1. Develops, implements and maintains the practice's policies and procedures for protecting individually identifiable health information.
2. Conducts ongoing compliance monitoring activities.
3. Works to develop and maintain appropriate consent forms, authorization forms, notice of privacy practices, business associate contracts and other documents required under the HIPAA Privacy Rule.
4. Ensures compliance with the practice's privacy policies and procedures and applies sanctions for failure to comply with privacy policies for all members of the practice's workforce and business associates.
5. Establishes and administers a process for receiving, documenting, tracking, investigating and taking action on all complaints concerning the practices privacy policies and procedures.
6. Performs all aspects of privacy training for the practice and other appropriate parties. Conducts activities to foster information privacy awareness with the practice and related entities.
7. Ensures alignment between security and privacy practices.
8. Cooperates with the Office of Civil Rights and other legal entities in any compliance reviews or investigations.

### **Administrative Requirement—Training**

As required by the Privacy Rule, Dr. Nathani trains all staff and employees, as necessary and appropriate to carry out their functions, on the policies and procedures to protect PHI. Dr. Nathani has the discretion to determine the nature and method of training necessary to ensure that staff appropriately protect the privacy of patients' records.

### **Administrative Requirement—Safeguards**

To protect the privacy of the PHI of my patients, I have in place appropriate administrative, technical, and physical safeguards, in accordance with the Privacy Rule.

### **Administrative Requirement—Complaints**

The privacy of patients' PHI is critically important for their treatment relationship and for psychology practice. Dr. Nathani provides a process for patients to make complaints concerning this practice adherence to the requirements of the Privacy Rule.

## Procedure Guidance

### Procedure for a Complaint Process

1. Patients may file privacy complaints by submitting them in one of the following ways:
  - a. By mail, either on a provided Privacy Complaint form or in a letter containing the necessary information. All complaints should be mailed to:  
Psychology and Beyond, LLC  
1845 W. Royale Dr.  
Muncie, Indiana 47304
  - b. By telephone at 317-498-5751.
  - c. By fax at 317-204-7666.
2. All privacy complaints should be directed to Pia Nathani, Ph.D. HSPP, President, Psychology and Beyond, LLC
3. The complaint must include the following information:
  - a. The type of infraction the complaint involves
  - b. A detailed description of the privacy issue
  - c. The date the incident or problem occurred, if applicable
  - d. The mailing/email address where formal response to the complaint may be sent.
4. When a privacy complaint is filed by a patient the following process will be followed:
  - a. Validate the complaint with the individual.
  - c. If appropriate, attempt to correct any apparent misunderstanding of the policies and procedures on the patient's part; if after clarification, the patient does not want to pursue the complaint any further, indicate that "no further action is required." Record the date and time and file under dismissed complaints.
  - d. If not dismissed, log the complaint by placing a copy of the complaint form in both the complaint file and in the patient's record.
  - e. Investigate the complaint by reviewing the circumstances with relevant staff (if applicable).
  - f. If it is determined that the complaint is invalid, send a letter stating the reasons the complaint was found invalid. File a copy of the letter and form in an investigated complaints file.
  - g. If the investigative findings are unclear, get a second opinion either from Dr. Nathani's attorney, the APA Insurance Trust, or the APA Practice Directorate.
  - h. If it is determined that the complaint is valid and linked to a required process or an individual's rights, follow the office sanction policy to the extent that an individual is responsible. If the complaint involves compliance with the standards that do not involve a single individual, then begin the process to revise current policies and procedures.
  - i. Once an appropriate sanction or action has been taken with respect to a complaint with merit, or if the response will take more than 30 days, send a letter explaining the findings and the associated response or intended response. Document the disposition of the complaint and file the letter and form in an investigated complaints file.

- j. Place a copy of the written complaint in the patient's record.
- k. Review both invalid and investigated complaint files periodically, to determine if there are any emerging patterns.

### **Administrative Requirement—Sanctions**

Dr. Nathani will apply appropriate sanctions against a staff member who fails to comply with the requirements of the Privacy Rule or office policies and procedures. Dr. Nathani may not apply sanctions against an individual who is testifying, assisting, or participating in an investigation, compliance review, or other proceeding.

### **Procedure Guidance**

By way of demonstration, if Dr. Naithani's billing assistant knowingly discloses an entire patient record to an insurer in violation of the minimum necessary standard, Dr. Nathani would provide a warning to the assistant. If the behavior continued, Dr. Nathani would provide a written reprimand and/or possible termination of the Business Associate Agreement.

### **Administrative Requirement—Mitigation**

#### **Policy**

Dr. Nathani mitigates, to the extent possible, any harmful effect that become known regarding use or disclosure, or business associate's use or disclosure, of PHI in violation of policies and procedures or the requirements of the Privacy Rule.

### **Procedure Guidance**

By way of demonstration of scalable compliance and mitigation, as a small group practice, if our billing assistant inadvertently sent the wrong patient records to an insurer for reimbursement, Dr. Nathani might request the records back and inform the patient of the error.

### **Administrative Requirement—Retaliatory Action and Waiver of Rights**

Dr. Nathani believes that patients should have the right to exercise their rights under the Privacy Rule. Dr. Nathani and her associates do not take retaliatory action against a patient for exercising their rights or for bringing a complaint.

Dr. Nathani and her associates will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against a patient for exercising a right, filing a complaint or participating in any other allowable process under the Privacy Rule.

Dr. Nathani and her associates will not require a patient to waive his or her rights provided by the Privacy Rule or his or her right to file an HHS compliance complaint as a condition of receiving treatment.