

Notice of Policies and Practices to Protect the Privacy of Your Health Information



This notice describes how your mental health information may be used and shared with others. It also explains how to access your information. Please review this form carefully. If you need help understanding this notice or have questions, please let your therapist or the Director know. They will review it with you. In this document, “Campbell Psych” and “we” refer to both Campbell Psychological Services and your therapist (or other clinician) at our office.

IMPORTANT DEFINITIONS

- **Authorization:** This is written form giving us permission to share specific information with a specific person or organization. Who can give us the permission depends on the client’s age and custody or guardianship status.
- **Abuse:** This includes physical, sexual, and emotional/verbal abuse. It may also include situations where someone is acting in a way that places a child at risk for harm.
- **PHI:** PHI stands for Protected Health Information. This refers to information in your health record that could identify you.

WHEN CAMPBELL PSYCHOLOGICAL SERVICES CAN USE AND DISCLOSE YOUR PHI

We may use or disclose your protected health information (PHI) in the following ways without an authorization. You agree to this when you sign our Service Agreement and/or begin services with us:

- **To bill for your services:** We can use and share your health information to bill and get payment for your healthcare. Example: Campbell Psych can share your PHI with your health insurer so it will pay for your health care. We can use your healthcare information to provide invoices.
- **To run the practice:** We can use your health information to run the practice, improve your care, and contact you when necessary. These are activities that relate to the performance and operation of the practice. Examples: Quality assessment and improvement activities; business-related matters such as audits and administrative services; case management and care coordination.

USES AND DISCLOSURES THAT REQUIRE AUTHORIZATION

If we want to use or share your PHI for reasons besides payment and health care operations, we must get an authorization first. Examples: Permission to share your PHI with another health care provider, such as your family doctor or psychiatrist, to coordinate care. Permission to speak with school personnel, to consult with them regarding school-related problems.

You may cancel an authorization at any time. To do this, please submit a written request to *Campbell Psychological Services, LLC*, at 25 E. North Street, Carlisle, PA 17013 or send an email to ClientCare@CampbellPsychPA.com.

There are some limits to your ability to revoke an authorization:

- If we have already shared information based on the authorization, we cannot “un-share” the information.
- If the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

In the following circumstances, we may use or disclose PHI without your consent or authorization:

- **Child Abuse:** We are required by law to report suspicions of possible child abuse or neglect to the appropriate authorities. We also must make a report if we suspect a “third party” may be a victim of abuse or neglect. For example, if you tell us the child who lives next door is living with a registered sex offender, we must make a report. It also includes reporting any sexual activity involving a child under 14 and any non-consensual sexual activity involving someone currently under age 18.
- **Other Abuse:** If we have reasonable cause to suspect an elderly or disabled person is the victim of abuse or neglect, a report will be made to the appropriate state agency.
- **Board Complaints:** If you make an inquiry or complaint about your therapist’s professional conduct to the Pennsylvania Department of State or the state licensing Board, we may be required to provide your confidential mental health records as part of the investigation process.
- **Court Order:** We may have to disclose your PHI and/or healthcare records, if ordered to do so by a judge.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding, we can only share your healthcare information with a written authorization from you or a court order.
- **Serious Threat to Health or Safety:** We may disclose your confidential information to protect your safety. For example, if you have imminent plans to seriously harm or kill yourself. We may also disclose your confidential information if we believe there is a serious possibility that you will harm someone else. For example, if you share plans to injure, attack, or kill someone.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- ***You can ask Campbell Psych to limit what we use or share:*** You can ask us not to use or share certain health information for payment or practice operations. However, we are not required to agree to your request; we may say “no” if it would affect your care. If you choose to self-pay for a service or product out-of-pocket, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share that information.
- ***Request confidential communications:*** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- ***Get an electronic or paper copy of all or part of your record:*** You can ask to see or receive a copy of your healthcare record or to have your record shared with a third party, such as your doctor or a caseworker. You may ask for a specific part of the record or all of it. However, we may deny the request under certain circumstances, such as when providing a copy of the record is likely to cause harm to the client. Information about how to request your record can be found below.
- ***Ask Campbell Psych to correct your record:*** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request. If we say no, we will provide an explanation of the denial in writing within 30 days. Your request and the reason for the denial will be saved to your record.

- **Get a list of those with whom Campbell Psych has shared information:** You can ask for a list (accounting) of the times we have shared your health information, who we shared it with, and why. We will include all disclosures except those about payment or health care operations and certain other disclosures (such as those you asked us to make). We may charge a reasonable, cost-based fee, if you ask for more than one accounting within a 12-month period.
- **Right to a Paper Copy:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly provide you with a paper copy.

OUR DUTIES

- We are required by law to maintain the privacy of PHI.
- We are required by law to provide you with a notice of our legal duties and our privacy practices with respect to PHI and to maintain a copy of this notice on the home page of our website.
- We reserve the right to change the privacy policies and practices described in this notice. However, unless we notify you of changes, we are required to comply with what is stated in the current policy.
- If we revise our policies and procedures and you are still an active client at our office, we will provide you with an updated copy. If services have ended, you may request an updated copy to be sent to you by mail.

HOW TO REQUEST YOUR PHI

You can make a verbal request to your therapist to see or receive a copy of your PHI. You can also make a request in writing, by completing our PHI Request Form and returning it to our main office via the contact information below. The PHI Request Form is available upon request by contacting the main office at (717) 422-6440.

25 East North Street

Carlisle, PA 17013

FAX (717) 620-0536

ClientCare@CampbellPsychPA.com

COMPLAINTS

If you are concerned that we have violated your (or someone else's) privacy rights, or you disagree with a decision we have made about access to your records, please contact our Director at (717) 422-6440, ext 21.

If you do not feel comfortable doing this, you may call The Pennsylvania State Psychology Licensing Board at 717-783-7155 or The Pennsylvania Board of Social Workers, Marriage and Family Therapists and Professional Counselors at 717-783-1389 with your questions or complaint.

Finally, you may file a complaint with the Office for Civil Rights (OCR) in the US Department of Health and Human Services. They can be reached at (800) 368-1019.

EFFECTIVE DATE

This notice will go into effect on January 1, 2023.

CHANGES TO PRIVACY POLICY

We reserve the right to change the terms of this notice and to make the changes effective for all PHI that we maintain. We will provide you with a revised notice through our Client Portal. If you do not have access to the Client Portal, we will provide you with a paper copy at your next session or by mail. We will provide a copy within 1 week of the date of revision. If you are no longer in services with us, we will provide a revised notice only if you make a written request.