

## Notice of Privacy Practices

### Vista Behavioral Health Associates

**THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND SAFEGUARDED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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

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

**PHI** refers to information in your health record that could identify you.

**Treatment** is when Vista provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your Vista provider consults with another health care provider, such as your family physician or another psychologist.

**Payment** is when Vista obtains reimbursement for your health care. Examples of payment are when Vista discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

**Health Care Operations** are activities that relate to the performance and operations of Vista. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination.

**Use** applies only to activities within Vista's practice group, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

**Disclosure** applies to activities outside of Vista's practice group, such as releasing, transferring or providing access to information about you to other parties.

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

Vista may use or disclose PHI for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained. An **authorization** is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your Vista provider is asked for information for purposes outside of treatment, payment or health care operations, he/she will obtain an authorization from you before releasing this information. He/she will also need to obtain an authorization before releasing your psychotherapy notes. **Psychotherapy notes** are notes your provider made about your conversation during a private, group, joint or family counseling session which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. Your Vista provider may or may not have kept private psychotherapy notes separate from your medical record.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your Vista provider has relied on that authorization; or (2) the authorization was obtained as a condition of obtaining insurance coverage, and the law

provides the insurer the right to contest the claim under the policy.

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

Your Vista provider may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse:** If your Vista provider has reasonable cause on the basis of his/her professional judgment to suspect abuse of children with whom he/she comes into contact in a professional capacity, he/she is required by law to report this to the Pennsylvania Department of Public Welfare.

**Adult and Domestic Abuse:** If your Vista provider has reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), he/she may report such to the local agency which provides protective services.

**Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services Vista has provided you or the records thereof, such information is privileged under state law, and Vista will not release the information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

**Serious Threat to Health or Safety:** If you express a serious threat or intent to kill or seriously injure an identified or readily identifiable person or group of people, and your Vista provider determines that you are likely to carry out the threat, he/she must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.

**Worker's Compensation:** If you file a worker's compensation claim, your Vista provider will be required to file periodic reports with your employer which could include history, diagnosis, treatment and prognosis.

**Business Associates:** Vista may share health information about you with business associates who are performing services on our behalf. For example, Vista may contract with a company to service and maintain our computer systems or to transcribe dictations. Our business associates are obligated to safeguard your health information. Vista will share with our business associates only the minimum amount of personal health information necessary for them to assist us.

**Coroners and Funeral Directors:** Vista may disclose health information about you to a coroner if that information is pertinent to the coroner's duties, such as identifying a decedent or determining the cause of death. Vista may also disclose health information to funeral directors to enable them to carry out their duties.

**Law Enforcement:** Vista may, in response to a warrant or subpoena, disclose health information about you to a law enforcement official for certain law enforcement purposes. For example, Vista may be required to assist law enforcement to locate someone such as a fugitive or material witness, or to provide other information pertinent to an investigation.

**Personal Representative:** If you are an adult or emancipated minor who has a legally appointed guardian, Vista may disclose health information about you to that person as necessary to make decisions about your health care.

**Health Oversight:** Vista may disclose health information about you for oversight activities authorized by law or

to an authorized health oversight agency, such as the state Board of Medicine or a state or county agency to facilitate its auditing, inspection or investigation related to Vista's provision of health care. Please note that psychotherapy notes can only be disclosed to an agency that is overseeing the mental health professional who wrote the psychotherapy notes.

**Research:** If your treatment is part of a research project for which you have consented, Vista may disclose health information without a written authorization if an Institutional Review Board or authorized privacy board has reviewed the research project and determined that the information is necessary for the research and will be adequately safeguarded.

#### **IV. Patient's Rights and Provider's Duties**

##### Patient's Rights:

You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Vista is not required to agree to a restriction you request.

You have the right to request that Vista communicate with you by alternative means, such as making records available for pick-up or mailing them to you at an alternate address, such as a P.O. Box. Vista will accommodate reasonable requests for such confidential communications.

You have the right to inspect and/or obtain a copy of PHI in Vista's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Vista may deny your access to PHI under certain circumstances. For example, Vista may deny access to information that would constitute a substantial detriment to your treatment or that would reveal the identity of persons or breach the trust or confidentiality of persons who have provided information upon an agreement to maintain their confidentiality. Vista may also deny access when it is determined that access may endanger the life or physical safety of either you or another person. You will be informed in writing if Vista is unable to satisfy your request, the reason for the denial and your right, if any, to request a review of the decision.

You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Vista may deny your request. On your request, Vista's privacy officer will discuss with you the details of the amendment process.

You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, Vista's privacy officer will discuss with you the details of the accounting process.

You have the right to obtain a paper copy of the notice from Vista's privacy officer upon request, even if you have agreed to receive the notice electronically.

##### Provider's Duties:

Vista is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.

Vista reserves the right to change the privacy policies and practices described in this notice. Unless Vista notifies you of such changes, however, it is required to abide by the terms currently in effect.

If Vista revises its policies and procedures, it will post a copy of the new procedures in each office reception area.

**V. Questions and Complaints**

If you have questions about this notice, disagree with a decision Vista makes about access to your records or have other concerns about your privacy rights, you may contact Vista's privacy officer:

*Privacy Officer  
Vista Behavioral Health Associates, Inc.  
230 N. Craig St., Suite B  
Pittsburgh, PA 15213  
412-621-3777*

If you believe that your privacy rights have been violated and wish to file a complaint with Vista, you may send your written complaint to Vista's privacy officer at the above address. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. Vista will not retaliate against you for exercising your right to file a complaint.

**VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice is effective *April 14, 2003*.

Vista reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. Vista will post any revised notice in each office reception area and on its web site.