

## HIPAA Notice of Privacy Practices (NPP)

*Effective Date:* 07/01/2023

Please note that this notice is required by Federal law and that those laws mandate the information it contains. Please contact our office if you have any questions about how your Protected Health Information (PHI) is used.

**I. THIS NOTICE DESCRIBES HOW MEDICAL OR HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**II. WE HAVE A LEGAL DUTY TO PROTECT YOUR PROTECTED HEALTH INFORMATION (PHI)**

We offer you this HIPAA Notice of Privacy Practices because of the privacy regulations of a federal law known as the *Health Insurance Portability and Accountability Act* (HIPAA). This notice will explain how Dr. Ray W. Christner, Psy.D. (Dr. Christner) handles information about you. It describes how we “use” this information internally, how and why we may sometimes share (“disclose”) it with other professionals, and how you can have access to it. Dr. Christner must legally follow the privacy practices described in this notice. However, Dr. Christner reserves the right to change the terms of this Notice and its privacy policies at any time. Any changes will apply to PHI on file with Dr. Christner already. Before any changes are made, Dr. Christner will promptly update this Notice and post a new copy in our office and on our website. You may request a copy of this Notice from our office anytime, or you can review it on our website at [www.drraychristner.com](http://www.drraychristner.com).

Because the federal law and the laws of Pennsylvania are complicated, we have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask Dr. Christner or his staff for additional explanation and details.

**III. WHAT IS MEANT BY MEDICAL INFORMATION?**

Each time you visit our practice (or any other doctor’s office, hospital, clinic, or “healthcare provider”), information is collected about you regarding your physical and mental health. It may be information about your past, present, or future health or conditions; treatment and other services you received from us or others; or about payment for healthcare. The information we collect about you is called *PHI*, which stands for *Protected Health Information*. This information goes into your healthcare record at our office and may include all or some of the following:

- *History or Background Information* (Developmental, educational, work, marital, and personal).
- *Reasons for Referral* (problems, complaints, symptoms, needs, and goals of treatment or the reason you came to our office).
- *Diagnoses* (Medical terms for your problems or symptoms).
- *Treatment Plan* (Treatments and other services that we think will be helpful to you).
- *Progress Notes* (What we write down about how you are doing, what we observe about you, and what you tell us that shows progress).
- *Records* (What we obtain from others who treated or evaluated you and what it generated by our office).
  - Psychological test scores and evaluations, school records, and so forth.
  - Information about any medications you took or are taking.
  - Legal matters.
- *Billing and Insurance Information*.

The above list gives you an idea of the information that may go into your healthcare record at our office. We use this information for many purposes, including the following:

- To determine the kinds of intervention that will best help you or your child
- To decide how well the intervention is working for you or your child

- To talk with other healthcare professionals who are also treating you or your child, such as a primary care physician, family doctor, or the professional who referred you or your child to our practice
- To show that you received the services from us that we billed to you or a third party
- For teaching or training other healthcare professionals
- For medical or psychological research
- For public health officials trying to improve healthcare in the country
- To improve the way we do our jobs by measuring the results of our work

#### IV. **HOW MIGHT DR. CHRISTNER USE OR DISCLOSE YOUR PHI?**

When Dr. Christner reads or reviews your information, it is called “*use*” under the law. If the information is shared with or sent to others outside this office, that is referred to as “*disclosure*” under the regulations. Except in special circumstances, when we use your PHI within the office or disclose your PHI to others, only the *minimum necessary* PHI needed for the purpose is shared or referenced. The law gives you the right to know about your PHI, understand how it is used, and have a say regarding how it is disclosed to others.

Dr. Christner might use and disclose PHI for many reasons, most of which are routine. For other uses, we must obtain **Consent to Release/Obtain Information** from you unless the law requires us to use or disclose without your authorization. The law does permit us to make some use and disclosures without your consent or authorization, and these cases are explained in detail below. After you read this Notice, you will be asked to sign a separate **Acknowledgment of Receipt of Privacy Practices** to confirm receipt of this Notice and to document your understanding of our use and disclosure for Treatment, Payment, or Healthcare Operations (TPO).

#### A. **Uses and Disclosures of PHI for Treatment, Payment, or Healthcare Operations (TPO) Do Not Require Your Prior Written Consent**

##### 1. **Treatment/Evaluation/Intervention**

- We use your PHI to provide treatment, evaluation, intervention, and related services. Services may include individual, family, or group psychotherapy; psychological and neuropsychological testing; treatment planning and intervention; other associated services; and measuring the effects of service.
- We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed healthcare providers who provide healthcare services or are involved with your care. For example, we may share your information with your primary care physician to provide a continuity of care, including diagnosis, treatment recommendations, scheduling, etc.
- We may refer you to other professionals or consultants for services we cannot offer, such as special testing or treatment. When we do this, we need to tell them some things about you so they can be aware of our reasons for referral.
- We will often receive copies of the findings and opinions of other professionals, and that information will be entered into your healthcare record at our office. If you receive treatment in the future from other professionals, we may also share your PHI with them.

##### 2. **To Obtain Payment for Services**

- Dr. Christner can use and disclose your PHI to bill and collect payment for services provided to you. For example, we might send your PHI to a third-party payer to receive payment for the health services provided.
- Although Dr. Christner does not take insurance, he or his office might be contacted by your insurance company if you submit for reimbursement. We may have to tell them about your diagnoses, what treatment/intervention/evaluation you will or have received from our offices, and what additional services we expect to render to you. We may also need to tell your insurance company about the dates that services were provided, what tests were given, your

progress, or other matters to determine what services your insurance plan may reimburse. Should this occur, we minimize any information sent.

- You have the right to restrict the disclosure of PHI information to your insurance company.

### 3. For Healthcare Operations

- Dr. Christner may use your PHI to evaluate and see where we can improve the healthcare services we provide to our patients.
- Dr. Christner may provide your PHI to our accountants, attorneys, consultants, and others to ensure Dr. Christner complies with applicable laws.

### 4. Other Disclosures

- We may use and disclose your PHI to reschedule or remind you of appointments. We can usually arrange if you want us to call or write to you only at your home or work (or if you prefer that we reach you in another way). Please just let us know.
- There are times when your PHI might be provided to associated businesses with Dr. Christner, such as billing companies, claims processing companies, and others who process our claims. In addition, we sometimes use tests administered or scored by a computer program, and information is provided to the test publisher for these reasons. All our business associates are obligated to protect the privacy of your data and are not allowed to use or disclose any information other than as specified in our contract.
- We may provide your PHI to provide you with information about treatment alternatives or other healthcare services offered.
- We may use or share your PHI to do research, such as comparing two treatments for the same disorder to see which one works better, faster, or costs less. **(Note: In all such cases, your name, address, and other information that reveals who you are will be removed from the data given to researchers.)**

## B. Certain Uses and Disclosures of PHI Do Not Require Your Consent or Authorization

Dr. Christner can use and disclose some of your PHI **without** your consent or authorization in these situations:

### 1. Abuse or Neglect

If, based on professional judgment, Dr. Christner or his staff suspects that a child has been abused or neglected, we must report suspicions to the authority or government agency vested to conduct child-abuse investigations. We are required to make such a report even if we do not see the child in a professional capacity. We are mandated to report suspected child abuse if anyone aged 14 or older tells us that they committed child abuse, even if the victim is no longer in danger. We are also mandated to report suspected abuse if anyone discloses that he or she knows of any child being abused. We are also required to report suspected elder abuse.

### 2. Public Health Activities

Dr. Christner may be required to release your information to the county coroner.

### 3. Law Enforcement and Legal Cases

If you are involved in a lawsuit or a legal proceeding and receive a subpoena, court order, or discovery request, we may have to release some of your PHI. We may release PHI if asked to do so by law enforcement officials to investigate a crime or criminal offense. **(Note: We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information.)**

4. **Healthcare Oversight Prevention**

Dr. Christner may have to disclose some PHI to government agencies monitoring us to ensure we obey the privacy laws.

5. **Specific Government Functions**

We may disclose the PHI of military personnel/veterans to government benefit programs for determination or eligibility and enrollment in Workers' Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

6. **Safety**

If we believe you pose a serious threat to your health/safety or that of another person/public, we can disclose some of your PHI. However, we will only disclose such information to those who can prevent the danger from occurring. This includes impaired driving.

C. **Certain Uses and Disclosures Require Your Written Authorization**

If Dr. Christner wants to use your information for any purpose besides TPO (described above), we need your written permission on a **Consent to Release/Obtain Information** form.

- If you authorize us to use or disclose your PHI, you can revoke (cancel) that permission in writing at any time.
- After that time, we will not use or disclose your information.
- We cannot take back any information we previously disclosed with your permission or used in our office for TPO.

D. **Uses and Disclosures Require You Have the Opportunity to Object**

- We can share information about you with your family or significant others. We will only share such information with those involved in your care or with others you choose, such as close friends, attorneys, educators, or clergy. We also only share the information you want us to share, and we will honor your wishes if they are not against the law.
- If there is an emergency – and we cannot ask if you disagree – we can share information that we believe you would have wanted to be shared and if we believe it will help you. If we share your PHI information in an emergency, we will inform you about this as soon as possible. If you disapprove, we will stop sharing such PHI if it is not against the law.
- Most uses and disclosures of psychotherapy notes and PHI for marketing purposes and the sale of PHI require authorization. Other uses and disclosures not described in the notice will be made only with your written consent.

V. **WHAT RIGHTS DO YOU HAVE REGARDING YOUR PHI?**

You have the following rights concerning your PHI:

A. **The Right to Request Limits on Uses and Disclosures of Your PHI**

You have the right to request that Dr. Christner limit the use and disclosure of your PHI. Dr. Christner is not required to agree to your requests unless you are asking to restrict the use and disclosure of your PHI to a health plan for payment or healthcare operation purposes, and such information you wish to restrict pertains solely to a healthcare item or service for which you have self-paid in full. If there is an agreement, Dr. Christner will comply with your requests unless the information is needed to provide you with emergency treatment. You may not limit the uses and disclosures that providers are legally required or allowed to make.

B. **The Right to Choose How Your PHI is Sent to You**

You have the right to ask Dr. Christner to send information to you at an alternate address (e.g., sending information to your work address rather than your home address) or by alternate means (e.g., electronic

format). However, Dr. Christner must agree to your request so long as we can easily provide the PHI in your requested form.

**C. The Right to See and Get a Copy of Your PHI**

Although your health record is the physical property of the healthcare practitioner or facility that collected it, it belongs to you. You have a right to inspect, see, or receive a copy of your PHI or designate a third party who may receive such information (with written authorization). However, it is Dr. Christner's policy that you make this request in writing, and we will respond to you within 30 days of receiving your written request. You cannot see everything in your record in some very unusual situations. If there is a question or concern about releasing your PHI, Dr. Christner may deny your request and will do so in writing, explaining the reasons for the denial and the steps you can take. **If you request copies of your PHI, Dr. Christner will charge you for physical copies (and postage if you want them mailed) according to the current fee schedule. There is no fee if you request a digital copy of these records for personal use.** Dr. Christner maintains "treatment" or "progress notes" for psychotherapy, which are a regular part of your PHI. We do not keep "psychotherapy process notes," which are separate records and are generally not accessible to patients.

**D. The Right to Get A List of the Disclosures Made**

You have the right to receive a list of instances in which Dr. Christner has disclosed your PHI. This list will not include uses or disclosures you have readily consented to, such as those made for treatment, payment, or healthcare operations, directly to you or your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. Dr. Christner will respond to your request for an accounting of disclosures within 60 days of receiving your written request. The list will include disclosures made in the last 6 years unless requested for a shorter time. The list will consist of the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. This list will be provided to you at no charge; however, if you make more than one request in the same year, Dr. Christner will charge a reasonable fee for additional requests.

**E. The Right to Correct or Update Your PHI**

If you believe there is an error or mistake in your PHI or that a piece of important information is missing, you have the right to request that Dr. Christner correct the existing information or add the missing information. You must provide this request in writing. Dr. Christner or a staff member will respond within 60 days of receiving your request to correct or update your PHI. Your request may be denied in writing if the PHI is (1) complete and correct, (2) not created by Dr. Christner, (3) not allowed to be disclosed, or (4) not part of the healthcare record maintained by Dr. Christner. If your request is denied, a written statement will be provided explaining the reason for the denial and your right to file a written statement of disagreement with the denial. If you do not file a written statement of disagreement, you have the right to request that your request and Dr. Christner's denial be attached to all future disclosures of your PHI. If we approve such a request, the change will be made to your PHI, and we will provide information to you that it has been completed, and we will tell others that need to know about the change to your PHI.

**F. The Right to Get This Notice by Email**

You have the right to receive a copy of this notice by email. Even if you have agreed to receive the notice via email, you have the right to request a paper copy.

**G. The Right to Receive Notice of a Breach**

If there is a breach of your confidentiality or PHI, Dr. Christner and Health and Human Services must inform you. A breach refers to information released without authorization or legal authority unless Dr.

Christner can show that there was a low risk that the PHI has been compromised because the unauthorized person did not review the PHI or it was de-identified.

VI. **WHAT TO DO IF I HAVE QUESTIONS OR PROBLEMS ABOUT DR. CHRISTNER'S PRIVACY PRACTICES?**

If you need more information or have questions about the privacy practices described above, please speak directly to Dr. Christner or a staff member. If you have any concerns or a problem with how your PHI has been handled or believe your privacy rights have been violated, contact Dr. Ray W. Christner. *You also have the right to file a complaint with us and the Secretary of the Federal Department of Health and Human Services. We promise not to limit your care at our office or take any action against you if you complain.* If you have any questions regarding this notice or our health information privacy policies, please contact our Administrative Office at 717-632-8400.

VII. **HOW DO I FILE A COMPLAINT ABOUT DR. CHRISTNER'S PRIVACY PRACTICES?**

If you think we have violated your privacy rights, or if you want to discuss or file a complaint with us about our privacy practices, please ask to speak with our information security officer:

Dr. Ray W. Christner  
100 West Eisenhower Drive, Suite B  
Hanover, PA 17331  
717-634-5757

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services at the address listed below:

The U.S. Department of Health and Human Services  
200 Independence Avenue, S. W.  
Washington, D.C. 20201  
Telephone: 202-619-0257  
Toll Free: 1-877-696-6775