

HIPAA

I. RANDY KULMAN, PH.D. NOTICE OF PRIVACY PRACTICES

This notice describes how psychological and medical information about you can be used and disclosed, and how you can get access to this information. Please review it carefully.

I. Uses and disclosures for treatment, payment, and health care operations. I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent.

II. Uses and disclosures requiring authorization. I 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 I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization before releasing your psychotherapy notes. You may revoke all such authorizations (or PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on your authorization, or if 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. I may use or disclose PHI without your consent or authorization in the following circumstances:

* Child abuse: If I have reasonable cause to know or suspect that any child has been abused or neglected, as defined below, or is a victim of sexual abuse by another child, I must, within 24 hours, transfer that information to the Rhode Island Department of Children, Youth, and Families, or its agent.

Child abuse and/or neglect is defined as a child whose physical or mental health or welfare is harmed, or threatened with harm, when his/her parent or other person responsible for his/her welfare:

- 1) inflicts, or allows to be inflicted, physical or mental injury;
- 2) creates, or allows to be created, a substantial risk of physical or mental injury;
- 3) commits, or allows to be committed, an act of sexual abuse, sexual assault, or exploitation of the child;
- 4) fails to supply the child with adequate food, clothing, shelter, or medical care;
- 5) fails to provide the child with a minimum degree of care or proper supervision or guardianship because of his/her unwillingness or inability to do so, and abandons or deserts the child.

* Health oversight: If a complaint is filed against me with the RI Board of Psychology, the Administrator of Professional Regulation (of the Division of Health) has the authority to subpoena confidential mental health information from me relevant to that complaint.

* Judicial or administrative proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that I provided to you and the records thereof, such information is privileged under state law, and I will not release this information without written authorization by you or your legal representative; a subpoena of which you have received official notification and you have failed to inform me that you are opposing the subpoena; 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: I may release your confidential health care information to appropriate law enforcement personnel, or to a person if I believe that person or his/her family to be in danger from you.

