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**NOTICE OF PSYCHOLOGISTS' POLICIES AND PRACTICES TO PROTECT THE PRIVACY
OF YOUR HEALTH INFORMATION**

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

This notice is effective: April 15, 2003.

USES AND DISCLOSURES OF INFORMATION:

I may use or disclose your protected health information for *treatment*, to obtain *payment* for treatment, and for *health care operations*, with your consent. I may contact you by mail or telephone to remind you about appointments, and to provide you with information.

Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your primary care physician or another psychologist.

Payment is when I obtain reimbursement for your health care. Examples of payment are when I disclose your protected health information to your insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations include activities that relate to the performance and operation of my practice. Examples of such operations include quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.

I may use or disclose protected health information for purposes outside of treatment, payment and administrative 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 administrative operations, I will obtain an authorization from you before releasing this information. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) 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.

I may use or disclose identifiable health information about you without your authorization in the following circumstances:

Child Abuse: If I, in my professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, I must immediately report such condition to the Massachusetts Department of Social Services.

Adult & Domestic Abuse: If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, I must immediately make a report to the Massachusetts Department of Elder Affairs.

Health Oversight: The Board of Registration of Psychologists has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and I will not release information without written authorization from you or your legally-appointed representative, 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 communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, I must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. I must also do so if I know you have a history of physical violence and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

Worker's Compensation: If you file a worker's compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Worker's Compensation.

INDIVIDUAL RIGHTS:

You have the right to request restrictions on how your health information is used or disclosed. I will try to accommodate your request, but am not legally required to. You have the right to receive confidential communications from me. For instance, you can request that I contact you at work instead of at home to remind you about appointments or provide you with test results. In most cases, you have the right to look at or get a copy of health information about you. If you request copies, I will charge you \$0.05 (5 cents) for each page. If you think information in your record is incorrect or that important information is missing, you have the right to request that I correct the record or add the missing information. I will try to accommodate your request; however I am not legally required to. You also have the right to receive a list of where I have disclosed health information about you for reasons other than treatment, payment, or administrative purposes or without your written authorization. You also have the right to receive a paper copy of this notice whenever you ask for one.

COMPLAINTS:

If you think that your privacy rights have been violated, or if you disagree with a decision I made about the use or access to your records, you may contact me in writing. You also may send a written complaint to the U.S. Department of Health and Human Services, 200 Independent Avenue, S.W., Washington, D.C. 20201. The telephone number is (202) 619-0257. Toll free: 1-877-696-6775.

PSYCHOLOGIST'S DUTIES:

I am required by law to protect the privacy of your information, provide this notice about my information practices, and follow the information practices described in this notice. If I revise my policies and procedures, I will notify you in writing. If you have any questions, please **contact:**
Barry Skoff, Ph.D.: (978) 354-2730 or DrSkoff@BarrySkoffPhD.com.