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

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*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of disclosure for treatment purposes would be when I consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of disclosure for payment are when I disclose 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 operation of my practice. Examples of disclosure for health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office, such as analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, such as providing authorized access to information about you to certain other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations with your authorization. In those instances I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. Authorization is also required before releasing any psychotherapy notes (beyond the standard PHI) which I may or may not have about you. All adult family members in treatment must authorize a release of therapy notes.

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) I have already 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.

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, 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 and 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.
- **Professional 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 by an attorney for information about your diagnosis and treatment and/or related records, I will NOT release information without either, 1) an original signed written authorization from you or your legally-appointed representative, or 2) a court order properly executed by a Massachusetts judge.

However, I am required to release formally requested information if you are involved in any evaluation that is court-ordered, such as a Guardian ad Litem evaluation. You will be informed if this is the case.

- **Serious Threat to Health or Safety:** If you communicate to me an explicit threat to seriously harm an identified person and you have the apparent intent and ability to carry out the threat, I must take precautions to help avoid that harm. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization.

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 workers' 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.

