

Dr. Denise Wood, M. A., Psy. D.

HIPAA

Confidentiality Policy

This website subscribes to the guidelines of confidentiality adopted by American Medical Association and the American Psychological Association known as the Health Insurance Portability and Accountability Act (HIPAA). This is federal law that provides new privacy protections and new patient rights with regards to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations.

Even though this website is designed only for information and education purposes and not for offering treatment, diagnosis or advice, any personal information disclosed by a visitor will be held as confidential and will not be disclosed to anyone without the express written permission of the visitor. Any personal information given by electronic means will be saved in electronic form for 180 days and then discarded. Efforts will be made to encrypt or code all electronic information to further secure and make safe visitor information.

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

I. Uses and Disclosures Requiring Authorization

I may use or disclose your mental health information for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment and payment operations, I will obtain authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy Notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record.

You may revoke or modify all such authorization (or psychotherapy notes) at any time; however, the revocation or modification is not effective until I receive it.

II. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose the information below without your consent or authorization in the following circumstances:

- **Child Abuse:** Whenever I, in my professional capacity, have knowledge of or observe a child I know or reasonably suspect has been the victim of child abuse or neglect, I must immediately report such to a police department or sheriffs department, county probation department, or county welfare department. Also, if I have knowledge of or reasonably suspect mental suffering has inflicted upon a child or that his or her emotional well-being is endangered in any other way I may report such to the above agencies.
- **Health Oversight:** If a complaint is filed against me with the Minnesota Medical or Psychological Board, the Board has the authority to subpoena confidential medical and 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 about the professional services that I have provided you, I must not release your information without 1) your written authorization or the authorization of your attorney or professional representative; 2) a court order; or 3) a subpoena to produce records where the party seeking your records provides me with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice and you have not notified me that you are bringing a motion in the court to modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you in advance if this is the case.

• **Serious Threat to Health or Safety:** If you communicate to me a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition, to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.

• **Worker's Compensation:** If you file a worker's compensation claim I must furnish a report to your employer, incorporating my findings about your injury and treatment, within five working days from the date of your initial examination and at subsequent intervals as may be required by the administrative director of the Worker's Compensation Commission in order to determine your eligibility for worker's compensation benefits.

III. Patient's Rights and Psychologist's Duties

Patient's Rights:

• **Right to request restrictions** - You have the right to request restrictions on certain uses and disclosures about you. However, I am not required to agree to a restriction you request.

• **Right to receive confidential communications by alternative means and at alternative locations** - You have the right to request and receive confidential communications by alternative means and at alternative locations (for example, you may not want a family member to know that you are seeing me. Upon request, I will send your bills to another address).

• **Right to inspect and copy** - You have the right to obtain a copy of in my mental and medical health and billing records. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

• **Right to an accounting** - You generally have the right to receive an accounting of disclosures for which you have neither provided consent nor authorization. On your request, I will discuss with you the details of the accounting process.

• **Right to a paper copy** - You have the right to obtain paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

I am required by law to maintain your privacy and to provide you with a notice of my legal duties and privacy practices. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify of such changes, however, I am required to abide by the terms currently in effect.

Signature of Client: _____ Date: _____

Signature of Guardian: _____ Date: _____

Please sign and E-mail to psychology@drdenisewood.com before your Skype Therapy Session.
Or fax to: 701-757-1543 and confirm via E-mail that you have sent signed form via fax.