

CHAPEL HILL PSYCHIATRIC ASSOCIATES, PA
Cogmed Working Memory Training Patient Registration

HIPAA Privacy information-CHPA, PA
Cogmed Working Memory Training

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED OR DISCLOSED, AND HOW YOU CAN
OBTAIN ACCESS TO THE INFORMATION.**

Please review it carefully. Sign and return the receipt on the last page.

This Agreement contains important information about the CHPA Cogmed Working Memory Training Privacy Policy required by the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Policy is also posted on the Cogmed page of our website www.chapelhillpa.com/cogmed.htm and available at our front desk- 636-5695.

This notice is meant to provide an overview of the types of privacy issues that may be encountered during training. It does not cover all potential concerns. Please speak to your supervising clinician if you have any questions, concerns, special circumstance, or requests.

LIMITS ON CONFIDENTIALITY and NEED TO REQUEST SPECIFIC EXCEPTION IN WRITING:

The law provides some protection for communication between a patient or his or her family and the supervising clinician. This section of the Privacy Policy reviews representative examples of the possible limits to the confidentiality of these communications.

If there is any reason you do want information communicated to specific parties, please advise the supervising clinician in writing as soon as possible. The supervising clinician will inform you if the request cannot be honored. Verbal notification will be respected to the extent it is practical, but only written requests are considered to be official notification. If confidentiality is important under a specific circumstance, please do not assume that it is already protected. (See the form at the end of this policy.)

Communication with family members and/or legal guardians: Following the legal precedent of implied consent, information regarding Cogmed Working Memory Training may be communicated to family members, or legal guardians who have been involved in arranging for or supervising training. Consent to communicate with family members will be presumed if the person is the parent or guardian of a trainee age 18 years or younger and there has not been a restriction placed on communication. North Carolina law states that minors may be considered emancipated for the purposes of treatment of an "emotional disturbance". Therefore, an exception to this implied consent for communication with the family members may occur if the minor requests confidentiality. Please submit any requests to limit communication in writing.

Communication with other professionals involved in your treatment: HIPAA regulations permit treating, or potentially treating providers, to exchange clinical information without written consent from the patient, parent or legal guardian. If you do not want information provided to, or obtained from, a specific clinician, please submit the request in writing.

Professional consultation: The supervising clinician may occasionally find it helpful to consult other medical and mental health professionals who are not directly involved in your treatment. While descriptions of clinical events or concerns may be communicated, specific identifying information such as name or social security number will not be included. Cogmed training professional consultation typically occurs via a closed list serve. These professionals are also legally, or for non-US providers ethically, bound to keep the clinical information confidential to the extent allowed by law.

Communication in a group practice: CHPA is a professional corporation which employs mental health professionals and administrative staff and may subcontract work to licensed clinicians who are not CHPA employees. All employees and clinicians are required to access only information necessary for performing their responsibilities and to maintain the confidentiality of that information. Registration materials, reports and written communications will be entered into health record, either as a paper chart or in a secure electronic medical record system, and will be available to other CHPA clinicians and affiliated clinicians who are involved in the trainee's care. Supervising clinicians will retain records of the supervision process. The system meets HIPAA security and privacy requirements.

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SITUATIONS WHERE WE MAY BE REQUIRED TO DISCLOSE INFORMATION WITHOUT EITHER YOUR CONSENT OR AUTHORIZATION

Threat to safety of self or others: If any clinician believes that a trainee presents a danger to the health or safety of himself or someone else, the clinician may be required to disclose otherwise confidential information in order to take protective actions. These actions may include initiating hospitalization, warning a known potential victim, filing involuntary commitment papers with the Magistrate, directing others to file involuntary commitment papers, providing information to personnel involved in an emergency evaluation, and/or calling the police.

Abuse or neglect of a child or vulnerable adult: North Carolina law requires that every citizen (exempting lawyer/client privilege) report suspected abuse or neglect of a child, or vulnerable adult, to the County Director of Social Services.

Gunshot, poisoning, knife or sharp implement injuries and/or any grave bodily harm or illness appearing to have been caused by violent action: North Carolina law requires that all of these events be reported if it appears that a criminal act was involved.

Court proceedings: Release of your information for a court proceeding requires your authorization or a court order. An attempt will be made to notify you of any subpoena requiring release of your records so that you may have the opportunity to seek legal counsel. If your telephone or email contact information is not correct, notification might not be possible.

Lawsuit: If a patient files a complaint or lawsuit against a provider, confidentiality of the record is considered to be waived for the purpose of defense in the court or administrative action.

This written summary of established exceptions to confidentiality is meant to be informative only. There may be other requirements or exceptions that are not listed and new requirements or exceptions may be imposed at anytime.

REVOKING YOUR WRITTEN CONSENT TO RELEASE PRIVATE HEALTH INFORMATION

If you wish to limit allowed communication that is not legally required, or revoke a previously signed consent, you must indicate the request in writing with your signature and date. If the request is urgent, it is suggested that you also leave messages on the supervising clinician's voicemail. There may be a delay in delivery of the notification to the supervising clinician. Legal or authorized communication that occurred prior to receipt of a written restriction cannot be revoked.

In cases where we are required by law, or by safety issues, to disclose your private health information, the provider's release of information cannot be restricted by you either verbally or in writing.

Right to receive an accounting of release of your Private Health Information:

You have the right to receive an accounting of any release of information under a circumstance that does not fall within the categories listed above, or was not authorized, including the identity of the receiving person or organization, the date of release, the purpose of the release, and information on what was released. The HIPAA guidance documents contain a specific list of disclosures that do not require an accounting on request: *The Privacy Rule does not require accounting for disclosures: (a) for treatment, payment, or health care operations; (b) to the individual or the individual's personal representative; (c) for notification of or to persons involved in an individual's health care or payment for health care, for disaster relief, or for facility directories; (d) pursuant to an authorization; (e) of a limited data set; (f) for national security or intelligence purposes; (g) to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody; or (h) incident to otherwise permitted or required uses or disclosures. Accounting for disclosures to health oversight agencies and law enforcement officials must be temporarily suspended on their written representation that an accounting would likely impede their activities.*

Right to request a copy of your Private Health Information and restrictions on that right:

You have the right to request a copy of your private health information unless release of that information is judged to present a risk to your well-being. In this case, release of the specific information thought to present the risk may be restricted, but all other standard private health information will be released to you.

Some Cogmed Working Memory Training trainees may also be seen for individual psychotherapy. Psychotherapy notes that may be maintained apart from the regular record have a higher level of confidentiality and may not be released to you, or to most other entities. Most clinicians do not maintain separate psychotherapy notes. There may be legal circumstances or safety circumstances under which these notes will be released despite the higher standard of confidentiality.

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Right to request an amendment to your Private Health Information:

It should be understood that the purpose of the medical record is to document the information needed to provide treatment to the individual. It is not meant to document all information that may be important to the patient. The record can be expected to include assessments and rationales that the patient, or his or her parents, may not agree with. Once the documentation is placed in the chart the information included will not be changed in a material manner. Additional information may be added if necessary for accuracy. You may request that additional written information be included in your records and that any information you consider inaccurate have a notation added indicating the information is disputed and referring the reader to the additional information provided. If the supervising clinician agrees that the information was incorrect either through error or as a reflection of new information, she may make changes to the location of the information and structure of the note to indicate that this information was later deemed to be in error. The information itself will not be deleted.

Right to request a change in the manner in which Private Health Information is provided to you:

Communication regarding your Cogmed Working Memory Training will usually be by email to the address(s) you have used or provided. Email contact will often continue outside of business hours. Phone contact may be restricted to business hours unless there is a specific telephone contact appointment arranged in advance.

The trainee or other adult may request that the primary email address be changed, or that email communication be terminated, by notifying the supervising clinician. Every attempt will be made to respect requests made verbally or by email, but the request is not legally binding until it is received in writing with the trainee's or parent and/or guardian's signature. The trainee and/or parent or guardian have the right to request the form of communication to be used.

Email communication:

Non-secure email is open to unintended disclosure at the computer(s) where it is composed and read, and at the servers where the email is stored during transit or used as a long-term storage option. The trainee and/or his or her representative are encouraged to recognize the limitations of confidentiality with this form of communication, and to adjust email content and storage accordingly. Non-secure email communication will usually have been initiated by the trainee, and/or his or her parent or guardian, prior to enrollment. Permission to reply using non-secure email will be presumed unless a request for secure email is made. Secure email communication may be conducted via an encryption system or by password protected attachments. **Secure email communication is free to the trainee and/or family, upon written request as indicated at the end of this notice.**

As the end email stored on the trainee's or family's computer is no-longer encrypted, trainees, and/or family members and legal guardians, are encouraged to consider whether they wish to delete any Private Health Information that may be stored on their computer.

Occasionally information, handouts, reports or forms will need to be transmitted as attachments. **These attachments may be password protected at your request** (see options at the end of this notice).

The trainee and/or family members may request specific forms of communication for different circumstances. Requests should be sent in writing.

Disclosures of Private Health Information for the purpose of payment or documentation of payment:

Cogmed Working Memory Training is not submitted to insurance for payment. Documentation of payment will be provided to the person paying for training. In some cases this person may re-release that information in order to obtain reimbursement from an FSA or HSA. Some associated services may be covered by insurance. These services require a separate registration process and the HIPAA Privacy Policy relevant to that treatment service will apply.

Cogmed Working Memory Training records will be maintained by the supervising clinician. If the trainee is seen for other treatments, the records will be stored together. Any release of records from will include information related to Cogmed training unless it is specifically excluded in writing.

Right of the supervising clinician and CHPA to change the terms of this notice:

The supervising clinician and CHPA reserve the right to change the terms of this notice and to make the new terms applicable to any Private Health Information retained by the supervising clinician and/or CHPA. Notification of changes will be posted on the CHPA Cogmed webpage.

Filing a complaint:

Complaints regarding HIPAA privacy issues involving Cogmed Working Memory Training should be directed to Tracy Ware, MD as HIPAA compliance officer for CHPA Cogmed training. Contact information may be obtained at 919-636-5695. Complaints may also be filed with the Department of Health and Human Services – Office of Civil Rights. <http://www.hhs.gov/ocr/privacy/index.html>

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PLEASE SIGN AND RETURN THIS PAGE WITH YOUR REGISTRATION.

SIGNATURE PAGE – RECEIPT of POLICY

I have received the Privacy Policy. I agree to the parameters described for confidentiality and communication. If at anytime I want to request a change in those parameters or previous authorizations, I will make that request in writing.

I accept communication by standard email. (Cross out and initial if you are requesting secured email communication.)

Signature of Client/Patient/or Patient's Legal Representative

Date:

Relationship to patient: _____

OPTIONAL: Complete only if requesting restrictions

Please list any special requests to LIMIT COMMUNICATION or CHANGE METHOD OF COMMUNICATION

below. Examples include restricting communication to other providers or adults such as non-custodial parents or step-parents when the trainee is a minor, or spouses of adult trainees.

Signature of Client/Patient/or Patient's Legal Representative

Date:

Relationship to patient: _____