

*Chambers & Blohm  
Psychological  
Services, PC*

**QUESTIONS AND COMPLAINTS**

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact our office manager at 701-323-0924.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to our office manager at Chambers & Blohm Psychological Services, PC, 309 North Mandan Street, Suite #3, Bismarck, ND 58501

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

**EFFECTIVE DATE, RESTRICTIONS  
AND CHANGES TO PRIVACY POLICY**

This notice will go into effect on April 14, 2003.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, we will notify you of these changes by mail

**Notice of Psychologists' and  
Other Mental Health  
Provider's 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.**

*Chambers & Blohm Psychological  
Services, PC  
309 North Mandan Street - Suite #3  
Bismarck, ND 58501  
Telephone: 701-323-0924  
Fax: 701-323-0935*

*Chambers & Blohm Psychological Services,  
PC is referred to as "we", "us" and "our" in  
this notice.*

## USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

We 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 we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we 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 our practice. Examples of 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 our practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our practice group, such as releasing, transferring, or providing access to information about you to other parties.

## USES AND DISCLOSURES REQUIRING AUTHORIZATION

We 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 we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing our psychotherapy notes. “*Psychotherapy notes*” are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. In most cases that require transfer of information to another healthcare provider a summary note is all that is needed.

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) we 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.

## USES AND DISCLOSURES WITH NEITHER CONSENT OR AUTHORIZATION

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If, in our professional capacity, we gain knowledge of or have reasonable cause to suspect that a child is abused or neglected or had died as a result of abuse or neglect, we are required by law to report the circumstances to the North Dakota Department of Human Services.
- **Adult and Domestic Abuse:** If we have knowledge or reasonable cause to suspect that an adult with developmental disabilities or mental illness to whom we are providing services is being abused, neglected, or exploited, we are required by law to report the circumstances to the North Dakota Protection and Advocacy Project.
- **Health Oversight:** If the State Board of Psychologist Examiners subpoenas us, we must appear as a witness and bring copies of patient/client records.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and we must not release your information without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. We will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** We may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker’s Compensation:** If you file a worker’s compensation claim, we may disclose any information, including subsequent prognosis reports, records, bills and other information concerning mental health care services to the North Dakota Worker’s Compensation Bureau.

## PATIENT’S RIGHTS AND PSYCHOLOGIST’S AND OTHER MENTAL HEALTH PROVIDER’S DUTIES

### Patient’s Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communication by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, I will discuss with you the details of the request process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request we will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, We will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

### Psychologist’s and Other Mental Health Provider’s Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you of these changes by mail.