

KERZNER ASSOCIATES  
30 Mechanic Street  
Foxboro, MA 02035  
508-543-2133

MASSACHUSETTS NOTICE FORM

Notice of Kerzner Associates' 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.

I. Uses and Disclosures for Treatment, Payment and Health Care Operations

Kerzner Associates 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 Kerzner Associates provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Kerzner Associates consults with another health care provider, such as your family physician or another mental health professional.
- Payment is when Kerzner Associates obtains reimbursement for your health care. Examples of payment are when Kerzner Associates discloses 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 Kerzner Associates, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside of Kerzner Associates, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Kerzner Associates 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 Kerzner Associates is asked for information for purposes outside treatment, payment and health care operations, Kerzner Associates 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) Kerzner Associates has 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.

Kerzner Associates will also obtain an authorization from you before using or disclosing:

- . PHI in a way that is not described in this Notice.
- . Psychotherapy notes

III. Uses and Disclosures with Neither Consent nor Authorization

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

**Child Abuse:** If Kerzner Associates, in their professional capacity, has reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her by a caregiver which causes harm or substantial risk of harm to the child’s health or welfare (including sexual abuse), or from neglect, including malnutrition, Kerzner Associates must immediately report such condition to the Massachusetts Department of Social Services and/or other authorities.

**Elder Abuse:** If Kerzner Associates has reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, Kerzner Associates must immediately make a report to the Massachusetts Department of Elder Affairs. We are also mandated to report instances of abuse/neglect on handicapped people.

**Health Oversight:** The various Boards of Registration have the power, when necessary, to subpoena relevant records should a Kerzner Associates clinical staff member 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 Kerzner Associates 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 your clinician 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, your clinician must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. Kerzner Associates must also do so if your clinician knows that you have a history of physical violence and believes 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 your Kerzner Associates clinician has a reasonable basis to believe that you should be committed to a hospital, your Kerzner Associates clinician 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.

When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

#### IV. Patient's Rights and Kerzner Associates Clinical Staff 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, Kerzner Associates is 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 of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being treated at Kerzner Associates. Upon your request, Kerzner Associates 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 in Kerzner Associates mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Kerzner Associates may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your clinician will discuss with you the details of the request and denial 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. Your clinician may deny your request. On your request, your clinician 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, your clinician 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 Kerzner Associates upon request. (Kerzner Associates gives a copy of the document to all patients in the first session.)

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket – You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

Right to be Notified if There is a Breach of Your Unsecured PHI – You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Kerzner Associates Clinical Staff Duties:

Kerzner Associates is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.

Kerzner Associates reserves the right to change the privacy policies and practices described in this notice. Unless Kerzner Associates notifies you of such changes, however, Kerzner Associates is required to abide by the terms currently in effect.

If Kerzner Associates revises its policies and procedures, forms or otherwise, Kerzner Associates will deliver an updated copy either in person or by mail.

V. Breach Notification

The HITECH Act added a requirement to HIPAA that psychologists (and other covered entities) must give notice to patients and to HHS if they discover that “unsecured” Protected Health Information (PHI) has been breached. A “breach” is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule. Examples of a breach include: stolen or improperly accessed PHI; PHI inadvertently sent to the wrong provider; and unauthorized viewing of PHI by an employee in your practice. PHI is “unsecured” if it is not encrypted to government standards.

VI. Complaints

If you are concerned that Kerzner Associates has violated your privacy rights, or you disagree with a decision Kerzner Associates made about access to your records, you may contact Dr. Kerzner at 508-543-2133.

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

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on September 23, 2013.