



STELLA PSYCHIATRY

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

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI). HIPAA requires that I provide you with a notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. The law requires that I obtain your signature acknowledging that we have provided you with this information.

The law protects the privacy of all communication between a patient and the patient's providers. Any information shared requires your verbal or written permission. There are, however, exceptions to the professional responsibility for maintaining confidentiality:

- In court proceedings where a court order requesting such information is made;
- If you were to make your own mental or emotional health an issue in a court case, such as in Worker's Compensation;
- In circumstances in which, to the best of my professional judgment, I believe there is a chance you may harm yourself or another person;
- If I have reason to suspect a child or elderly person is being abused or neglected;
- If you choose to submit a bill from treatment with me to your insurance company, I will provide your insurance company with a diagnosis;
- If your account is overdue and arrangements for payment have not been negotiated, a collection agency will be provided with dates of service, type of service provided, and total amount due.

If any of the above circumstances were to occur in the course of our work together, I would remind you of my legal obligations and discuss the situation with you before disclosing any personal information. I may consult with a colleague about our work together, who is bound by the same laws of confidentiality as I am. I may also employ administrative staff as well as other mental health professionals. All staff members will have been given training and are contractually bound to protect your privacy and maintain confidentiality.

You agree to provide your unrestricted and open-ended consent for me to speak with any of your other therapists, doctors or other caregivers if you are under my care. When treating adolescents, I discuss general issues with parents. However, I discuss the specifics of treatment only with the adolescent's permission.

Professional Records

Your electronic medical record will include your diagnosis, reason for seeking treatment, goals set for treatment, your progress towards those goals, your medical/family/social history, treatment history, and past treatment records. Your record may also contain billing forms, and requests from you allowing specific people to have access to your record (i.e., other care providers). If you request it in writing, you may examine and/or receive a copy of your record, unless I believe that access to it would endanger you.

In those situations, you have the right to a summary of your record, and to have your record sent to another mental health provider or to your attorney.

You may choose to have appointment reminders sent by text message or email. Email and text messages are not considered secure forms of communication and may be intercepted or breached by other parties. You may opt out of such reminders at any time.

Patient Rights

HIPAA provides you with rights regarding your clinical record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about policies and procedures recorded in your records; and the right to a paper copy of this Agreement. I am happy to discuss any of these rights with you.

Minor and Parents

By law, parents of patients who are under 18 years old and not emancipated are allowed to examine their child's treatment records and hold the rights regarding release of information.

Insurance Information

I do not contract with any insurance companies. Some patients may seek benefits from their insurance companies on their own. You should be aware that insurance companies often require a clinical diagnosis, treatment plans, treatment summaries, or copies of a patient's entire record. We shall only provide this information if you sign a release form specifying who is to receive the information, type of information to be released, the purpose for which the information is being requested, and for what period the authorization is valid.

This agreement is being provided according to the Health Insurance Portability and Accountability Act. I will be happy to provide you with a copy of this agreement if you request one.