

Paul Beljan, PsyD, ABPdN, ABN  
Laura Wingers, PsyD  
Vanessa Berens, PhD  
Casey Heinsch, MAS, LAMFT



9835 E. Bell Rd., Ste. 140  
Scottsdale, AZ 85260  
(602) 957-7600  
[www.beljanpsych.com](http://www.beljanpsych.com)

## **NOTICE OF BELJAN PSYCHOLOGICAL SERVICES 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. This information also applies to your child if your child is our patient. Please review this information carefully.*

*If you have any questions about this notice, please contact our office at (602)957-7600.*

#### **I. Our Obligations**

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding your health information.
- Follow the terms of our notice which is currently in effect.

#### **II. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

The following describes the ways we may use and disclose health information that identifies you (i.e., your protected health information). Except for the purposes described below, we will use and disclose your protected health information only with your written permission. You may revoke such permission at any time by providing us with a written statement.

We may use or disclose your *protected health information (PHI)* for *treatment, payment, and health care operations* purposes with your *consent*. Definitions are provided below to clarify these terms.

- The terms “we” and “us” refer to psychologists and other employees of Beljan Psychological Services, LLC.
- The term “PHI” refers to information in a patient’s health record that could identify the patient (either you or your child).

- The term “use” applies only to activities within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you (or your child).
- The term “disclosure” applies to activities outside of our office such as releasing, transferring, or providing access to information about you (or your child) to other parties.

***For Treatment.*** Treatment is when we provide, coordinate or manage your health care and other services related to your health care. We may use and disclose your or your child’s PHI for treatment purposes and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your or your child’s psychological or medical care and need the information to provide you or your child with psychological or medical care. A specific example of such disclosure of PHI for treatment purposes would be when we consult with another health care provider, such as your family physician or your child’s pediatrician, or another psychologist.

***For Payment.*** Payment is when we obtain reimbursement for services we have provided to you. We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

***For Health Care Operations.*** Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operation are quality assessment and improvement activities, business-related matters such as audits and administrative series, and case management and care coordination. We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the evaluation and/or therapy services you receive are of the highest quality. We may also share information with other entities that have a relationship with you (e.g., your health plan) for their health care operation activities.

***Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.*** We may use and disclose PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

***Individuals Involved in Your Care or Payment for Your Care.*** When appropriate, we may share PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

***Research.*** Under certain circumstances, we may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose PHI

for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any PHI.

### **III. Special Situations: Uses and Disclosures with Neither Consent nor Authorization**

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

***As Required by Law.*** We will disclose PHI when required to do so by international, federal, state, or local law.

***To Avert a Serious Threat to Health or Safety.*** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. If you communicate to us an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and we believe you have the intent and ability to carry out such a threat, we have a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and in order to initiate hospitalization procedures. If we believe there is an imminent risk that you will inflict serious harm on yourself, we may disclose information in order to protect you. Disclosures will be made only to someone who may be able to help prevent the threat.

***Business Associates.*** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

***Military and Veterans.*** If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

***Workers' Compensation.*** We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

***Public Health Risks.*** We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic

violence. We will only make this disclosure if you agree or when such disclosure is required or authorized by law.

***Health Oversight Activities.*** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. For example, if the Arizona Board of Psychologist Examiners is conducting an investigation and provides us with a subpoena, then we are required to disclose PHI.

***Data Breach Notification Purposes.*** We may use or disclose PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

***Lawsuits and Disputes.*** Information about the professional services we provided you and/or the records pertaining to those services (i.e., PHI) are privileged under state law. We will not release such information without your written authorization or your legal representative's written authorization. If you are involved in a lawsuit, a legal dispute, or a court proceeding and a request is made for information about the professional services we provided you and/or records pertaining to those services, we may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will disclose PHI only after efforts have been made to tell you about the request and to obtain your authorization, or efforts have been made to obtain an order protecting the information requested. The privilege does not apply when you are being evaluated or treated for a third party or when the evaluation and/or treatment is court ordered. You will be informed in advance if this is the case.

***Law Enforcement.*** We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

- ***Child Abuse.*** We are required to report PHI to the appropriate authorities when we have reasonable grounds to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse.
- ***Adult and Domestic Abuse.*** If we have the responsibility for the care of an incapacitated or vulnerable adult, we are required to disclose PHI when we have a reasonable basis to believe that neglect or physical and/or sexual abuse of the adult has occurred, or that exploitation of the adult's property has occurred.

***Coroners, Medical Examiners and Funeral Directors.*** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

***National Security and Intelligence Activities.*** We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

***Protective Services for the President and Others.*** We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

***Inmates or Individuals in Custody.*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

#### **IV. Uses and Disclosures that Require Us to Give You an Opportunity to Object**

***Individuals Involved in Your Care or Payment for Your Care.*** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

***Disaster Relief.*** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such disclosure whenever we can practically do so.

#### **V. Uses and Disclosures Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment, or health care operation when you provide us with written authorization to do so.

- An "authorization" is written permission above and beyond the general consent which permits only specific disclosures.
- In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information.

- We must obtain an authorization before releasing your Psychoeducational and/or Neuropsychological Evaluation Scores (also called “Summary Sheets”), Psychoeducational and/or Neuropsychological Report, and/or Psychotherapy Notes to other individuals (e.g., schools, health care providers, etc.).
- You may revoke all such authorizations for the release of PHI, including Psychoeducational and/or Neuropsychological Evaluation Scores, Psychoeducational and/or Neuropsychological Reports, and/or Psychotherapy Notes at any time, provided each revocation is provided to us in writing. Written revocations must be sent to: Beljan Psychological Services, LLC; 9835 E. Bell Road, Suite 140; Scottsdale, AZ 85260. Disclosures we have already made in reliance on your authorization will not be affected by revocation of authorization which occurs after those disclosures have been made. Revocation will apply to all future potential disclosures. You may *not* revoke an authorization if the authorization was obtained as a condition of obtaining insurance coverage, because law provides the insurer the right to consent to the claim under the policy.

## **VI. Patient’s Rights and Psychologist’s Duties**

### **Patient Rights:**

***Right to Request Restrictions.*** You have the right to request and request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

***Right to Receive Confidential Communications by Alternating 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 seeing us. On 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 in our mental health and billing records which may be used to make decisions about your care or payment for your care for as long as the PHI is maintained in the record. To inspect and copy this PHI, you must make your request, in writing, to Beljan Psychological Services, LLC; 9835 E. Bell Road, Suite 140; Scottsdale, AZ 85260. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

***Right to an Electronic Copy of Electronic Medical Records.*** If your PHI is maintained in an

electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format, or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

***Right to Get Notice of a Breach.*** You have the right to be notified upon a breach of any of your unsecured PHI.

***Right to Amend.*** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Beljan Psychological Services, LLC; 9835 E. Bell Road, Suite 140; Scottsdale, AZ 85260. Under certain circumstances, we may deny your request. Upon receiving your request, we will discuss with you the details of the amendment process.

***Right to an Accounting of Disclosures.*** You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Beljan Psychological Services, LLC; 9835 E. Bell Road, Suite 140; Scottsdale, AZ 85260. Upon receiving your request, we will discuss with you the details of the accounting process.

***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Beljan Psychological Services, LLC; 9835 E. Bell Road, Suite 140; Scottsdale, AZ 85260. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

***Out-of-Pocket-Payments.*** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

***Right to Request Confidential Communications.*** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Beljan Psychological Services, LLC; 9835 E. Bell Road, Suite 140; Scottsdale, AZ 85260. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

***Right to a Paper Copy of This Notice.*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact our office.

**Psychologist'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 this notice and the privacy policies and practices described in this notice. We reserve the right to make any changes in this notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner. 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 provide you a revised copy in person or by mail.

**VII. 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 our privacy rights, you may contact Paul Beljan, PsyD, ABPdN, ABN.

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 Paul Beljan, Psy.D., 9835 E. Bell Rd. Ste. 140, Scottsdale, AZ 85260. You will not be penalized for filing a complaint.

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 will not be penalized for filing a complaint.

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

**VIII. Effective Date, Restrictions, and Changes to Privacy Policy**

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



We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by mail to the most recent billing address.