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NOTICE OF PRIVACY PRACTICES

The privacy of your health information is important to us and we are committed to protecting it. We keep a record for your care to assist us in your treatment. This Notice describes how we may use and disclose psychological and medical information about you and how you can get access to this information. Please review it carefully. This Notice takes effect April 14, 2003 and remains in effect until I replace it.

1. My Legal Duties:

The law requires me to:

- Maintain the privacy of your health care records.
- Give you with this notice of my privacy duties and practices and your rights regarding medical information.

I have the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will give or mail you a copy of those changes.

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

With your consent, I may use or disclose your protected health care records for the purpose of treatment, payment, and health care operations. To help clarify these terms, here are some definitions:

- Your protected health care record is information in your health record that could identify you.
- Use applies only to activities within my office such as examining records that identify you.
- Disclosure applies to activities outside of my office such as providing information about you to other parties for example your health insurance companies.
- Treatment is when I provide, coordinate, or manage your health care and other related services. An example of this would be if I consult with your family physician or another psychologist.
- Payment is when I disclose health care information to your insurer to obtain reimbursement.
- Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, audits, and case management and care coordination.

3. Uses and Disclosures Requiring Authorization

I may use or disclose your protected health care record for purposes outside of treatment, payment, or 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. When I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. Psychotherapy Notes are my written notes about our conversation during an individual, group, joint, or family counseling session. These notes are kept separate from the rest of your protected health care record, and they are given a greater degree of protection.

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) I have relied on that authorization for your treatment; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. The law provides the insurer the right to contest the claim under the policy.

4. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose your protected health care record without your consent or authorization in the following circumstances:

- Child Abuse If I have reasonable cause to suspect child abuse or neglect, I must report this suspicion to the appropriate authorities as required by law.
- Adult and Domestic Abuse If I have reasonable cause to suspect you have been criminally abused, I must report this suspicion to the appropriate authorities as required by law.
- Health Oversight Activities If I receive a subpoena or other lawful request from the Department of Health or the Michigan Board of Psychology, I must disclose the relevant PHI pursuant to that subpoena or lawful request.
- Judicial and Administrative Proceedings If you are involved in a court proceeding and a request is made for information about your diagnosis, treatment, or records, I will not release this information without your written authorization or a court order. The privilege does not apply when your 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 me a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, I may disclose relevant protected health care information and take the reasonable steps permitted by law to prevent the threatened harm from occurring. If I believe that there is an imminent risk that you will inflict serious physical harm on yourself, I may disclose information in order to protect you.
- Worker's Compensation I may disclose protected health care information regarding you 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.

5. Your Rights

You have the following additional rights:

- Right to Request Restrictions You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request. Such restrictions should be discussed with me and your request should be in writing.
- Right to Receive Communications About Your Health Care Record by Different Means and at Different Locations For example, on your request, I will send your bills to another address. Your request needs to be in writing.
- Right to Inspect and Copy You have the right to inspect and/or obtain a copy of your health care record. This request must be made in writing and you may request a copy in a format other than photocopying if it is practical for me to do so. I may deny your access to protected health care records under certain circumstances, but in some cases you may have this decision reviewed. I will discuss with you the details of the request and denial process. We may charge you a fee for copying and sending records, and will explain these fees at your request.
- Right to Amend You have the right to request an amendment of your records. I may deny your request. On your request, I 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. On your request, I 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 me upon request, even if you have agreed to receive the notice electronically.

6. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me at (616) 957-2576. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.