

**Janissa D. Jackson, Ph.D., PLLC**  
**Privacy Policies**  
**Center for Professional Psychology**  
**Current Privacy Officer: Janissa D. Jackson, Ph.D.**

**This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information.**

**My Legal Duties**

**Uses and Disclosures for Treatment, Payment, and Health Care Operations**

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

State and Federal laws require that I keep your medical records private. Such laws require that I provide you with this notice informing you of my privacy of information policies, your rights, and my duties. I am required to abide these policies until replaced or revised. I have the right to revise my privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed to us in an evaluation, intake, or therapy session are covered by the law as private information. I respect the privacy of the information you provide us and I abide by ethical and legal requirements of confidentiality and privacy of records.

**Use of Information**

Information about you may be used by the personnel associated with my office for diagnosis, treatment planning, treatment, and continuity of care. I may disclose it to health care providers who provide you with treatment, such as doctors, nurses, mental health professionals, and mental health students and mental health professionals or business associates affiliated with my office such as billing, quality enhancement, training, and audits. In any disclosure, the minimum necessary will be disclosed in order to protect the privacy of the patient.

Both verbal information and written records about a patient cannot be shared with another party without the written consent of the patient or the patient’s legal guardian or personal representative. It is the policy of my office not to release any information about a patient without a signed release of information except in certain emergency situations or exceptions in which patient information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

**Duty to Warn and Protect**

When a patient discloses intentions or a plan to harm another person or persons, the health care professional is required to report this information to legal authorities and may need to seek hospitalization for the patient. In cases in which the patient discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the patient.

**Public Safety**

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker’s compensation laws. This could include Health Oversight Activities such as receiving a subpoena from the Arkansas Board of Examiners in psychology.

**Abuse**

If a patient states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a patient is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, I may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator. This applies to adult and domestic abuse as well..

**For Operations**

I may use and give information about you to make sure that the services and benefits you get are correct and of high quality. I may share your health information with business partners who perform work for my office and I require that my business partners use the same level of privacy and security as I do when handling your health information.

**Judicial and 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 I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

**In the Event of a Patient's Death**

In the event of a patient's death, the spouse or parents of a deceased patient have a right to access their child's or spouse's records.

**Professional Misconduct**

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

**Minors/Guardianship**

Parents or legal guardians of non-emancipated minor patients or patients of any age having a legal guardian, the legal guardian retains the right to access the patient's records. Appropriate procedures to ensure the authority of that legal guardian will be made such as requesting court documentation.

**Worker's Compensation/Specialized Government Functions**

In the event that an employer seeks treatment on behalf of a patient, certain information is typically required to be reported to that employer. The patient must review and choose to authorize this information if it is required for payment. This does not apply to any psychotherapy notes. Furthermore, at times release of information is required by government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

**Other Provisions**

When payment for services are the responsibility of the patient, or a person who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts or I may elect to pursue small claims court. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the patient's credit report may state the amount owed, the time-frame, and the name of the office or collection source.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the patient. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries. The minimum necessary will be carefully determined by the treating psychologist.

Information may be disclosed to other entities that have a formal business associate contract with, in which they promise to maintain the confidentiality of this data except as is specifically allowed in the contract or otherwise specified by the law. If you wish, you may request and obtain a list of all current business associate contracts.

Information about patients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the patient, or any identifying information, is not disclosed. Clinical information about the patient is discussed.

In the event in which my office must telephone the patient for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify me in writing where I may reach you by phone and how you would like me to identify myself. For example, you might request that when I phone you at home or work, I do not say the name of my office or the nature of the call, but rather my first name only. If this information is not provided to me (see first page of new patient paperwork), I will adhere to the following procedure when making phone calls: First I will ask to speak to the patient (or guardian) without identifying my full name. If the person answering the phone asks for more identifying information I will say

that it is a personal call. I will not identify my office (to protect confidentiality). If I reach an answering machine or voice mail I will follow the same guidelines.

### **Your Rights**

You have the right to request to review or receive your medical files. The procedures for obtaining a copy of your medical information is as follows. You may request a copy of your records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. The charge for this service is \$.15 per page, plus postage or if requested electronically, only the cost of the appropriate jump drive device will be assessed.

You have the right to cancel a release of information by providing me with written notice. If you desire to have your information sent to a location different than the address on file, you must provide this information in writing.

You have the right to restrict which information might be disclosed to others.

You have the right to request an amendment to your records. This request will be considered and a response will be given to you in writing as well as an explanation of your additional rights if this amendment is denied by the psychologist.

You have the right to request that information about you be communicated by other means or to another location. This request must be made to me in writing.

You have the right to disagree with the medical records in my files. You may request that this information be changed. Although I might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your file.

You have the right to restrict disclosure of PHI to a health plan if you pay out of pocket in full for the healthcare service.

You have the right to be notified if there is a breach of any unsecured Protected Health Information.

You have the right to know what information in your record has been provided to whom. Request this in writing.

You must sign an authorization before we can release your PHI for any uses or disclosures not described in this privacy notice.

You will be given a written copy of this notice.

### **Complaints**

If you have any complaints or questions regarding these procedures, please contact Dr. Jackson. I will get back to you in a timely manner. You can also contact the state psychological association and speak to the chairperson of the ethics committee. The number is (501) 614-6500. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the Arkansas Psychology Board (501-682-6167). These are the organizations that license those of us in the independent practice of psychology. You may also submit a complaint to the Secretary of the U.S. Dept. of Health and Human Services(1-800-368-1019). If you file a complaint I will not retaliate in any way.

## **Private Practice Social Media Policy**

This document outlines office policies related to use of Social Media. Please read it to understand how we at Center for Professional Psychology conduct ourselves on the Internet as mental health professionals and how you can expect us to respond to various interactions that may occur between us on the Internet.

If you have any questions about anything within this document, we encourage you to bring them up during your next visit. As new technology develops and the Internet changes, there may be times when we need to update this policy. If we do so, we will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

### **FRIENDING**

We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

### **FOLLOWING**

Our primary concern is your privacy. If you share this concern, there are more private ways to follow us on Twitter (such as using an RSS feed or a locked Twitter list), which would eliminate your having a public link to our content. You are welcome to use your own discretion in choosing whether to follow us.

Note that we will not follow you back. We do not follow current or former clients on blogs or Twitter. Our reasoning is that we believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy our personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with us, please bring them into your sessions where we can view and explore them together, during the therapy hour.

### **INTERACTING**

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact us. These sites are not secure and we may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with us in public online if we have an already established client/therapist relationship. Engaging with us this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact us between sessions, the best way to do so is by phone.

### **USE OF SEARCH ENGINES**

It is NOT a regular part of our practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions *may* be made during times of crisis. If we have a reason to suspect that you are in danger and you have not been in touch with us via our usual means (coming to appointments, phone, or email) there *might* be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if we ever resort to such means, we will fully document it and discuss it with you at your next appointment.

### **GOOGLE READER**

We do not follow current or former clients on Google Reader and we do not use Google Reader to share articles. If there are things you want to share with us that you feel are relevant to your treatment whether they are news items or things you have created, we encourage you to bring these items of interest into our sessions.

### **BUSINESS REVIEW SITES**

You may find our psychology practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that our listing is NOT a request for a testimonial, rating, or endorsement from you as our client.

The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence."

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, we cannot respond to any review on any of these sites whether it is positive or negative. We urge you to take your own privacy as seriously as we take our commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with us about your feelings about our work, there is a good possibility that we may never see it.

If we are working together, we hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with us wherever and with whomever you like. Confidentiality means that we cannot tell people that you are our client and our Ethics Code prohibits us from requesting testimonials. But you are more than welcome to tell anyone you wish that you see a therapist here, or how you feel about the treatment we have provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, we hope you will keep in mind that you may be sharing personally revealing information in a public forum. We urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protections.

If you feel we have done something harmful or unethical and you do not feel comfortable discussing it with us, you can always contact the Arkansas Psychology Board, which oversees licensing, and they will review the services we have provided.

**Arkansas Psychology Board**

**101 East Capitol, Suite 415**

**Little Rock, AR 72201**

**(501) 682-6167**

**[psychologyboard.arkansas.gov](http://psychologyboard.arkansas.gov)**

**LOCATION-BASED SERVICES**

If you use location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. We do not place our practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at our office on a weekly basis. Please be aware of this risk if you are intentionally "checking-in" from our office or if you have a passive LBS app enabled on your phone.

**REFERENCE**

Keely Kolmes, Psy.D. – Social Media Policy – 4/26/10