

**Melanie Bierenbaum, Psy.D.**  
**Licensed Psychologist**  
**14354 N Frank Lloyd Wright Blvd**  
**Bldg C, Ste 10**  
**Scottsdale, AZ 85260**

## **Notice of Psychologists' 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 am required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

I am required to abide by the terms of the Notice of Privacy Practices currently in effect. I reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that I maintain. Upon your request, I will provide you with any revised Notice of Privacy Practices by your written request to my office.

### **I. 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:

- **Treatment:** I will use and disclose your PHI to provide, coordinate or manage your health care and any other related services. An example of treatment would be when I coordinate with your Primary Care Physician involved in your care by providing assistance with the management of your health care management or treatment.
- **Payment:** I may use your PHI to obtain payment for your health care services. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility for coverage.
- **Health Care Operations:** Activities that relate to the performance and operation of my practice. Examples of health care operations are business-related matters such as administrative services, business associates that perform services for the practice (such as accounting), reminder calls about upcoming appointments, and care coordination.
- **Use:** Applies only to activities within my practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure:** Applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

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

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I may use or disclose PHI for purposes outside of treatment, payment, and health care operations only with your written authorization, unless otherwise permitted or required by law as described below.

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 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.

I will also obtain an authorization from you before disclosing:

- 1) PHI in a way not described in this notice
- 2) PHI for marketing purposes
- 3) Psychotherapy notes not included in the patient's chart.

### **III. Uses and Disclosures Without Your Consent or Authorization**

I may use or disclose PHI without your consent or authorization in the following situations:

- **Abuse or Neglect:** If I know of or have reasonable cause to suspect that a child has been or is being abused or neglected by a parent, legal guardian, caregiver, or other person responsible for the child's welfare, I am required by law to disclose your PHI to public officials who are authorized to receive reports of abuse, neglect, or domestic violence.
- **Public Health:** I may disclose your PHI for public health activities and purposes to a public health authority or oversight agency that is permitted by law to collect or receive the information. The purpose of the disclosure will be to control disease, injury, or disability.
- **Adult and Domestic Abuse:** If I know of or have reasonable cause to suspect that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, I am required by law to immediately report such knowledge to public officials who are authorized to receive reports of abuse, neglect, or domestic violence.
- **Health Oversight:** If a complaint is filed against me with the Arizona Board of Psychologists Examiners ("**Board**"), the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis or 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 legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court or administrative agency ordered.
- **Serious Threat to Health or Safety:** When you present a clear and imminent threat of physical harm to yourself, to other individuals, or to society, I may communicate relevant

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information concerning this to the potential victim, appropriate family member, law enforcement agency or other appropriate authorities.

- **Worker's Compensation**: Your PHI may be disclosed by me as authorized to comply with workers' compensation laws and other similar legally established programs.

**IV. Patient's Rights and Psychologist's 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. Your request must state the specific restriction requested and to whom you want this restriction to apply. However, I am 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. I will accommodate reasonable requests.
- **Right to Inspect and Copy**: You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes kept outside of the patient's chart; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceedings, and protected health information that is subject to law that prohibits access to protected health information. On your request, I will discuss with you the details of the request 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. On your request, I will discuss with you the details of the amendment process. I may deny your request.
- **Right to an Accounting**: You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process. This right applies to disclosures other than treatment, payment, or healthcare operations as described in the Notice of Privacy Practices, as well as disclosures made pursuant to your authorization.
- **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.

**Psychologist's Duties:**

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- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve 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 provide you with the revised policy by mail at the address you provide.

V. **Questions and Complaints**

If you have questions about this notice or believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to Dr. Bierenbaum at 706 E Bell Rd, Suite 126, Phoenix, AZ 85022. You may also file a complaint to the Secretary of Health and Human Services if you believe I have violated your privacy rights.

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

This notice is effective as of May 1, 2015. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with any revised documents by request at the time of your next office visit.

I acknowledge that Dr. Melanie Bierenbaum has provided me a copy of the Notice of Privacy Practices, which provides a detailed description of the uses and disclosures allowed, as well as other rights I have regarding my PHI.

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**Patient Name** **Patient Date of Birth**

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**Parent/Guardian Signature** **Date**

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**Parent/Guardian Signature** **Date**