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## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **MY PLEDGE REGARDING HEALTH INFORMATION:**

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (PHI) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

As a rule, I will disclose no information obtained from your contacts with me or the fact that you are my patient, except with your written consent. However, there are some important exceptions to this rule of confidentiality, some because of policies of this office, and some required by law. If you wish to receive mental health services from me, then under the Federal HIPAA regulations, you must sign the form indicating that you understand and accept my policies about confidentiality and its limits. We will discuss these issues now but you may reopen the conversation at any time during our work together.

### **I. USES AND DISCLOSURE REQUIRING AUTHORIZATION OR CONSENT**

A. HIPAA allows health care providers to use or disclose your PHI for treatment, payment, and health care operations purposes. I will ask your permission in advance, either through your consent at the onset of our relationship or through your written authorization at the time the need arises. You may revoke your permission to release PHI, in writing, at any time, by contacting me. If there is an emergency and I cannot ask your permission, I am allowed to share information if I believe you would have wanted me to do so or if I believe it will be helpful to you. Mental Health Medical Records is the term used for my formal record of the services provided to you and these contain the dates of our session, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. "Psychotherapy notes" are notes I have made about our

conversation during an individual, group, joint, or family counseling session . These are kept separate from the rest of your medical record.

**B. MARKETING.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

**C. SALE OF PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

## **II. POSSIBLE USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION**

I may use or disclose PHI without your consent or authorization in the following circumstances by policy or if legally required:

- A. When disclosure is required by state or federal law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- B. **CHILD ABUSE REPORTING:** If I have reason to suspect that a child is abused or neglected, I am required by law to report the matter immediately to the Department of Health and Human Services.
- C. **ADULT ABUSE REPORTING:** If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited. I am required by law to report the matter immediately to the Department of Health and Human Services.
- D. **HEALTH OVERSIGHT:** If you are yourself a health care provider and I have reason to believe that your condition constitutes a danger to public health or safety, I am required by law to make a report to the Department of Health and Human Services. Please note that simply being in treatment is not reportable.
- E. **COURT PROCEEDINGS:** If you are involved in a court proceeding and a request is made for information about your diagnosis, treatment and the records thereof, such information is privileged under state law. I will not release this without your written authorization or if a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you so you can file a motion to quash (block) the subpoena. However, while awaiting the judge's decision, I am required to place said records in a sealed envelope and provide them to the Clerk of Court.
- F. **SERIOUS THREAT TO HEALTH OR SAFETY:** Under law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death to an identified or identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. These precautions may include: warning the potential victim(s) or the parents of the victim(s) (if they are under 18 years of age); notifying law enforcement; seeking your hospitalization. I may also use and disclose medical information about you when necessary to prevent an immediate serious threat to your own health and safety.
- G. **WORKER'S COMPENSATION:** If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employee, the insurer, or a certified rehabilitation provider. Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.
- H. **PAYMENT:** I may charge your credit card, send a bill to you, require you to pay in advance, and/or send you a receipt of your payment. The information on or accompanying the bill, receipt or credit card statement will include information that identifies you and your status as a client of Rebecca J. Riley, Ph.D. IRS regulations require that I bill under my official business name. If you choose to receive services from Rebecca J. Riley, Ph.D., you understand and approve that your credit card statement will display the name of the business. Should you pursue a chargeback through your credit card company or otherwise accrue an unpaid balance, you forfeit your right to privacy and information required to pursue collection and/or legal action will be disclosed in seeking remuneration.

### III. DEFINITIONS

To help clarify the terms within this document, I have provided some definitions:

- A. **“PHI”** (Protected Health Information): refers to information in your health record that could identify you.
- B. **“Treatment, Payment and Health Care Operations”**
  - 1. **“treatment”** is when I provide, coordinate or manage your health care and other services related to your health care. (examples: consultation with another health care provider, such as your PCP or psychiatrist, in order to provide best treatment).
  - 2. **“Payment”** is when I obtain reimbursement for your health care (examples: disclosure of your PHI to a health insurer for reimbursement of services or to determine eligibility or coverage).
  - 3. **“Health Care Operations”** are activities that relate to the performance and operation of my practice (examples: quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and care coordination).
- C. **“Use”** applies only to activities within my office such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- D. **“Disclosure”** applies to activities outside of my office such as releasing, transferring or providing access to information about you to other parties.
- E. **“Consent”** is a general permission that allows me to use and disclose your health care information for routine purposes of treatment, payment and operations (examples: under the law, you must sign a consent form before I provide mental health services).
- F. **“Authorization”** is required by law and involves your written permission to use and disclose information not covered by the consent form. There are a few cases (see above) in which I am allowed, even required, to use and disclose your information without your consent or authorization. I will keep a record of disclosure and this will be available to you.

### IV. PATIENT’S RIGHTS AND PROVIDER’S DUTIES

- A. **RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES OF YOUR PHI:** You have the right to request restrictions on certain uses and disclosures of your PHI. You also have the right to request a limit on the medical information disclosed to those involved in your care or the payment of your care. If you ask me to disclose information to another party, you may request that I limit the information disclosed. However, I am not required to agree to a restriction request. To request restrictions, you must make your request in writing and state: 1) what information you want limited; 2) whether you want to limit use, disclosure or both; 3) to whom the limits apply.
- B. **RIGHT TO REQUEST RESTRICTIONS FOR OUT-OF-POCKET EXPENSES PAID IN FULL:** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care services that you have paid for out-of-pocket in full.
- C. **RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS BY ALTERNATIVE MEANS AT ALTERNATIVE LOCATIONS:** You have the right request and receive confidential communications of PHI by alternative means and at alternative locations. (example: You may not want a family member to know you are in psychotherapy. Upon your request, I will send your bills to another address. You may also request that I contact you only at work or that I do not leave voice messages.) To request alternative communication, you must make your request in writing, specifically how or where you wish to be contacted.
- D. **RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to receive an accounting of disclosures of PHI for which you have neither provided consent (as described in section III of this Notice). Upon your written request, I will discuss with you the details of the accounting process.

- E. **RIGHT TO INSPECT AND COPY:** In most cases, you have a right to inspect and copy your medical and billing records. A written request is required for this process. If you request a copy of your records, I may charge a fee for the cost of copying and mailing. I will provide this within 30 days of your request. I may deny your request to inspect and copy in some circumstances. I may refuse to provide psychotherapy notes or information compiled in reasonable anticipation of or use in a civil, criminal or administrative hearing.
- F. **RIGHT TO AMEND:** If you believe there is a mistake in your PHI, or that piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. You must provide a reason that supports your request. I may deny your request, but I will tell you my reasoning in writing within 60 days of receiving your request.
- G. **RIGHT TO A COPY OF THIS NOTICE:** You have the right to request a paper copy of this notice. You may ask me to provide a copy of this notice at any time.
- V. **CHANGES TO THIS NOTICE:** I reserve the right to change my policies and/or to change this notice and apply these changes to any past or future PHI. The notice will contain the effective date. A new copy will be given to you or posted in the waiting room. Copies of the current notice will be available upon request.
- VI. **COMPLAINTS:** If you are concerned I have violated your privacy rights or you disagree with a decision I have made about access to your record, you may file a complaint. To do so, you must submit your request in writing to my office. You may also send a written request to Department of Health and Human Services. Under no circumstances will you be retaliated against for filing a complaint.