

**Ronald E. Schroeder, Ph.D.**  
**New Jersey Licensed Psychologist # 3258**  
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### **Notice of Privacy Practices**

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

Dr. Schroeder 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 mental health record that could identify you, such as your name or social security number to material that contained past or present treatment records that you may share.
- “*Treatment, Payment, and Health Care Operations*”
  - Treatment* is when Dr. Schroeder provides, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when Dr. Schroeder consults with another health care provider, such as your family physician or another psychologist.
  - Payment* is when Dr. Schroeder obtains reimbursement for your healthcare. Examples of payment are when your PHI is disclosed to your health insurer to obtain reimbursement or to determine eligibility or coverage.
  - Health Care Operations* are activities that relate to the performance and operation of Dr. Schroeder’s 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 Dr. Schroeder’s office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the office such as releasing, transferring, or providing access to information about you to other parties.

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

Dr. Schroeder may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your proper authorization is obtained. An “*authorization*” is written permission from you that allows only specific disclosures. In instances when Dr. Schroeder is asked to provide information about you for purposes outside of treatment, payment, and health care operations, he must obtain authorization from you before releasing this information. 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) Dr. Schroeder has already acted 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.

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

Dr. Schroeder may use or disclose PHI without your consent or authorization in the following situations:

- **Child Abuse:** If Dr. Schroeder has reasonable cause to believe that a child has been subject to abuse, he must report this immediately to the New Jersey Division of Youth and Family Services.

- **Adult / Elder Abuse:** If Dr. Schroeder reasonably believes that a vulnerable adult or elderly person is the subject of abuse, neglect, or exploitation, he may report the information to the county adult protective services.
- **Health Oversight:** If the New Jersey Board of Psychological Examiners issues a subpoena, Dr. Schroeder may be compelled to testify before the Board and produce your relevant records and papers.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that Dr. Schroeder has provided you and/or the records thereof, such information is privileged under New Jersey state law, and he must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party, or when the evaluation is court ordered. Dr. Schroeder must inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to Dr. Schroeder an imminent threat to do serious physical violence against a readily identifiable victim or yourself and he believes you intend to carry out that threat, he must take steps to warn and protect. The steps Dr. Schroeder takes to warn and protect may include arranging for you to be admitted to a psychiatric unit of a hospital or other health care facility, advising the police of your threat and the identity of the intended victim, warning the intended victim or his or her parents if the intended victim is under 18, and warning your parents if you are under 18.
- **Worker's Compensation:** If you file a worker's compensation claim, Dr. Schroeder may be required to release relevant information from your mental health records to a participant in the worker's compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Worker's Compensation, or the Compensation Rating and Inspection Bureau.

#### **IV. Patient Rights and Psychologist Duties**

##### Patient Rights

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI about you. However, Dr. Schroeder is 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. (For example, you may not want a family member to know that you are seeing a psychologist. Upon your request, Dr. Schroeder 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 maintained by Dr. Schroeder. He reserves the right to deny your access to PHI under certain circumstances, but in some cases, you may have this decision overturned.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as PHI is maintained in the record. Please be aware that Dr. Schroeder may deny your request, however, he will discuss with you the details of the amendment process at your request.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). At your request, Dr. Schroeder 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 this notice upon request.

##### Psychologist Duties

- Dr. Schroeder is required by law to maintain the privacy of PHI and to provide you with a written notice of his legal duties and privacy practices with respect to PHI.
- Dr. Schroeder reserves the right to change the privacy policies and practices described in this notice. Unless he notifies you of such changes, however, Dr. Schroeder is required to abide by the terms currently in effect.
- If Dr. Schroeder revises this policy, he will provide you with a revised notice, either in person or by mail.

**V. Questions and Complaints**

If you have questions about this notice, disagree with a decision Dr. Schroeder makes about access to your records, or have other concerns about your privacy rights, please discuss these concerns with him. If you believe that your privacy rights have been violated and wish to file a complaint, you may mail or drop off your complaint to Dr. Schroeder's office. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Schroeder can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. Dr. Schroeder will not retaliate against you for exercising your right to file a complaint.

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

This notice will go into effect on April 14, 2003. Dr. Schroeder reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that he maintains. He will provide you with a revised notice either in person or by mail if there are any changes or updates to this policy. Dr. Schroeder will also post any revised notice to his website at [www.drronschroeder.com](http://www.drronschroeder.com).