

Mental Health Bill of Rights  
and  
Notice of Your Provider's Policies and Practices  
To Protect the Privacy of Your Health Information



Northeast Evaluation Specialists, PPLC

1 Washington St Suite 4144

Dover NH 03820

603-740-6371



## MENTAL HEALTH BILL OF RIGHTS

This Mental Health Bill of Rights is provided by law to persons receiving mental health services in the State of New Hampshire. Its purpose is to protect the rights and enhance the well being of clients, by informing them of key aspects of the clinical relationship. As a client of a New Hampshire Mental Health Practitioner, you have, without asking, the right:

1. To be treated in a professional, respectful, competent and ethical manner consistent with all applicable state laws and following professional ethical standards:
  - a. For psychologists; the American Psychological Association
  - b. For independent clinical social workers; the National Association of Social Workers
  - c. For pastoral psychotherapists; the American Association of Pastoral Counselors
  - d. For clinical mental health counselors; the American Mental Health Counselor Association
  - e. For marriage and family therapists; the American Association for Marriage and Family Therapists
2. To receive full information about your treatment provider's knowledge, skill, experience and credentials.
3. To have the information you disclose to your mental health provider kept confidential within the limits of state and federal law. Communications between mental health providers and clients are typically confidential, unless the law requires their disclosure. Mental health providers will inform you of the legal exceptions to confidentiality, and should such an exception arise, will share only such information as required by law. Examples of such exceptions include but are not limited to:
  - a. abuse of a child
  - b. abuse of an incapacitated adult
  - c. Health Information Portability and Accountability Act (HIPAA) regulation compliance
  - d. certain rights you may have waived when contracting for third party financial coverage
  - e. orders of the court
  - f. significant threats to self, others or property
4. To a safe setting and to know that the services provided are effective and of a quality consistent with the standard of care within each profession and to know that sexual relations between a mental health provider and a client or former client are a violation of the law (RSA 330-A:36).
5. To obtain information, as allowed by law, pertaining to the mental health provider's assessment, assessment procedures and mental health diagnosis (RDA 330-A:2 VI).

6. To participate meaningfully in the planning, implementation and termination or referral of your treatment.
7. To documented informed consent: to be informed of the risks and benefits of the proposed treatment, the risks and benefits of alternative treatments and the risks and benefits of no treatment. When obtaining informed consent for treatment for which safety and effectiveness have not been established, therapists will inform their clients of this and the voluntary nature of their participation. In addition, clients have the right to be informed of their rights and responsibilities, and if the mental health provider's practice policies regarding confidentiality, office hours, fees, missed appointments, billing practices, electronic communications, managed care issues, record management, and other relevant matters except as otherwise provided by law.
8. To obtain information regarding the provision(s) for emergency coverage.
9. To receive a copy of your mental health records within 30 days upon written request (except as otherwise provided by law), by paying a nominal fee designed to defray the administrative costs of reproducing the record.
10. To know that your mental health provider is licensed by the State of New Hampshire to provide mental health services.
  - a. You have the right to obtain information about mental health practice in New Hampshire. You may contact the Board of Mental Health Practice for a list of names, addresses, phone numbers and websites of state and national professional associations listed in MHP 502.02 (a)(1)(a-re)
  - b. You have the right to discuss questions or concerns about the mental health services you received from your provider
  - c. You have the right to file a complaint with the Board of Mental Health Practice

A licensee shall post a copy of the above mental health bill of rights in a prominent location in the office of the mental health practitioner and provide a copy upon request.

A licensee shall provide a copy of the mental health bill of rights to the client and/or agency if the assessment, consultation or intervention is provided outside the office.



## Northeast Evaluation Specialists (NES) New Hampshire Notice Form

### Notice of Your NES Provider's 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. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your NES provider 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 your NES provider provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your NES provider consults with another health care provider, such as your family physician or another psychologist.
  - Payment is when your NES provider obtains reimbursement for your healthcare. Examples of payment are when your NES provider discloses 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 operations of your NES provider. Examples of health care operations are quality assessments and improvement activities, business-related matters such as audits and administration services, and case management and care coordination.
- \* ‘Use’ applies only to activities with NES, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

- \* ‘Disclosure’ applies to activities outside NES, such as releasing, transferring, or providing access to information about you to other parties.

## II. Uses and Disclosures Requiring Authorization

Your NES provider may use or disclose PHI for purposes outside of treatment, payment, and 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. In those instances when your NES provider is asked for information for purposes outside of treatment, payment and health care operations. Your NES provider will also need to obtain an authorization before releasing you psychotherapy notes.

“Psychotherapy notes” are notes your NES provider may make about conversations during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Your NES provider has 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.

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

Your NES provider may use or disclose PHI without your consent or authorization in the following circumstances;

- **Child Abuse:** If your NES provider has a reason to suspect that a child has been abused or neglected, your NES provider is required by law to report this to the Division Children, Youth and Families.
- **Adult and Domestic Abuse:** If your NES provider suspects or has a good faith reason to believe that any incapacitated adult has been subject to abuse, neglect, self neglect or exploitation, or is living in hazardous conditions, your NES provider is required by law to report that information to the Division of Elderly and Adult Services.
- **Health Oversight:** If the New Hampshire Board of Medicine or Board of Mental Health is conducting an investigation, then your NES provider is required to disclose your records upon receipt of a subpoena from the Board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that your NES provider provided you and/or the records thereof, such information is privileged under state law, and your NES provider may not release information without your written authorization, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance, if this is the case.
- **Serous Threat to Health or Safety:** If you have communicated to your NES provider a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or if you have made a serious threat of substantial damage to real property, your NES provider is required by law to take reasonable precautions to provide protection from such threats by warning the victim or

victims of your threat and to notify the police department closest to your residence or the potential victim's residence, or obtain your civil commitment to the state mental health system.

#### 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. However, your NES provider 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 were at your NES provider. Upon request, your NES provider 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 in your NES provider's clinical and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, your NES provider 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. Your NES provider may deny your request. On your request, your NES provider 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 for which you have neither provided consent nor authorization (as described in section III of this notice). On your request, your NES provider 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 your NES provider upon request, even if you have agreed to receive the notice electronically.

##### Psychologist's Duties:

- Your NES provider is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.
- Your NES provider reserves the right to change the privacy policies and practices described in this notice. Unless your NES provider notifies you if such changes, however, your NES provider is required to abide by the terms currently in effect.
- If your NES provider revise its policies and procedures. Your NES provider will notify you by mail at the address you have provided in your records.

#### V. Complaints

If you are concerned that your NES provider may have violated your privacy rights, or you disagree with a decision your NES provider made about access to your record, you may contact the New Hampshire Department of Health and Human Services.

You may also send a written complaint to the Secretary of the US Department of Health and Human Services. The New Hampshire Department of Health and Human Services can provide you with the appropriate address upon request.

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

This notice will go into effect on April 15,2003.

- Your NES Provider reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that your NES provider maintains. Your NES provider will provide you will a revised notice by mail at the address you have provided in your records.