

## **Addendum to HIPAA Privacy Information**

### **Breach Notification**

- If I become aware of, or suspect, a breach of confidential information, I will conduct a designated Risk Assessment. I will keep a written record of the Risk Assessment.
- If I determine that PHI (Protected Health Information) has been compromised, I will give notice of the breach as designated by the compliance procedure.
- After any breach, particularly one that requires patient notification, I will re-assess privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

### **Obtaining Authorization**

- I will obtain an authorization from you before using or disclosing PHI in a way that is not detailed in this notice or when releasing psychotherapy notes.
- Use and disclosure without your consent or authorization is allowed as stated in the Introduction to Psychological Services form.
- Certain narrowly-defined disclosures to law enforcement agencies; a health oversight agency (such as HHS or a state department of health); coroner or medical examiner for public health purposes relating to disease or FDA-regulated products; or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence may be allowed.

### **Patient Rights**

- You have the right to restrict certain disclosure of PHI to a health plan when you pay out-of-pocket in full for my services.
- You have the right to be notified if: (a) there is a breach, use or disclosure of you PHI in violation of the HIPAA Privacy Rule; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

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