

## Privacy Notice

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### Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL 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

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:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*” (*TPO*)
  - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as a family physician, psychologist, or psychiatrist.
  - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer or my billing service to obtain reimbursement for your health care or to determine eligibility or coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of my 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 and reviewing the competence or qualifications of health care professionals.
- “*Use*” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

#### II. Uses and Disclosures Requiring Authorization

I 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. I typically do not keep a separate record of psychotherapy notes so this policy will rarely apply to my patients. I typically keep all notes in a medical record note format, which is not considered a “psychotherapy note” under HIPAA.

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) 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.

You must sign an authorization before I can release your PHI for any uses and disclosures other than those described in this Privacy Notice.

You have the right to restrict certain disclosures of PHI to a health plan if you pay out-of-pocket in full for your healthcare services.

It should be clearly understood that the Consents for the Use and Disclosure of PHI do not allow **Schelle Miller**, or their employees to use or disclose PHI for any reasons other than for TPO. For **Schelle Miller, Ph.D.** to use and disclose PHI for purposes other than for treatment, payment and health care operations, see *Policy for Uses and Disclosures of PHI based on Patient Authorizations* and *Policy Uses and Disclosures of Public Health and Safety*.

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

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

- **Child Abuse and Neglect:** If I treat a child who appears to be the victim of physical, sexual, or emotional abuse or neglect, I must report such to the nearest law enforcement agency or child welfare. If a child is a witness to domestic violence and this appears to be a cause of emotional abuse, I am likewise obligated by law to report this. Also, if an adult patient discloses that they have abused or neglected a child, I must report this to law enforcement or child welfare as well. I am legally obligated to make such reports.
- **Adult and Domestic Abuse:** If I have reason to believe that a vulnerable adult (defined below) is suffering from abuse, neglect or exploitation, I am required by law to make a report to either the Oklahoma Department of Human Services, the district attorney’s office, or the municipal police department as soon as I become aware of the situation.  
A “vulnerable adult” means an individual who is an incapacitated person or who, because of physical or mental disability, incapability, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of him or herself, or is unable to manage his or her property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect him or herself from abuse, neglect, or exploitation without assistance from others.
- **Health Oversight:** If you file a disciplinary complaint with the Oklahoma State Board of Examiners of Psychologists, they will have the right to view your relevant confidential information as part of the proceedings.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release the information without written authorization from you or your personal or legally appointed representative, 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.
- **To comply with the law, law enforcement, or other government requests.**

- **Serious Threat to Health or Safety:** If you communicate to us an explicit threat to kill or inflict serious bodily injury to yourself or to kill or inflict serious bodily injury upon a reasonably identifiable person, and you have the apparent intent and ability to carry out that threat, I have the legal duty to take reasonable precautions. These precautions may include disclosing relevant information from your mental health records, which is essential to protect the rights and safety of others. I also have such a duty if you have a history of physical violence of which I am aware, and I have reason to believe there is a clear and imminent danger that you will attempt to kill or inflict serious bodily injury upon a reasonably identifiable person.
- **Worker’s Compensation:** If you file a worker’s compensation claim, you will be giving permission for the Administrator of the Worker’s Compensation Court, the Oklahoma Insurance Commissioner, the Attorney General, a district attorney (or a designee for any of these) to examine your records relating to the claim.
- **Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2:** If applicable, your substance use disorder (“SUD”) records are protected by federal law under 42 C.F.R. Part 2 (“Part 2”). This law provides extra confidentiality protection and requires a separate, signed patient consent for the use and disclosure of SUD counseling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as: (a) Medical Emergencies: to the extent necessary to treat you, (b) Reporting Crimes on Program Premises, (c) Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities, and (d) Fundraising: We will provide you with an opportunity to decline to receive any fundraising communications prior to making such communications. You may revoke this consent at any time.
- **Prohibitions on Use and Disclosure of Part 2 Records:**
- SUD records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed.
- If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding PHI.

#### **IV. Patient Rights and Psychologists’ Duties**

##### **Patient Rights:**

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to any 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 me. Upon your request, I 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 my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial 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. I may deny your request. On your request, I 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 regarding you. On your request, I 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 from me upon request or at my website: [www.normanpsychology.com](http://www.normanpsychology.com)

##### **Psychologists’ Duties:**

- 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 our policies and procedures, I will have a current copy available in my office.

#### **V. Breaches of Privacy, Questions, and Complaints**

You have the right to be notified if there is a breach in in unsecured PHI in violation of the HIPAA Privacy Rule involving your PHI, that PHI has not been encrypted to government standards, and my risk assessment fails to determine that there is a low probability that your PHI has been compromised. Please note that we make every effort to secure your PHI and to protect your privacy.

If you have questions about this notice, disagree with any decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at my office: 405-801-2841.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to Dr. Schelle Miller, 1006 24<sup>th</sup> Ave. NW, Suite 100, Norman, OK 73069.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

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

This notice was last updated on February 12, 2026. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. I will provide you with a revised notice, in writing, which will be available in my office.

#### **VII. Enforcement**

Schelle Miller’s office manager and supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination or dismissal.