

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.

As mental health providers, we are committed to protecting your privacy and confidentiality to the full extent of the law. This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. This notice conforms to the Federal Health Insurance Portability and Accountability Act (HIPAA) effective April 14, 2003. It also conforms to the health care privacy laws of California.

I. Uses and Disclosures Not Requiring Your Authorization

We may use or disclose your protected health information (PHI) for certain treatment, payment, and health care operations purposes without your authorization. In certain circumstances, we can only do so when the person or business requesting your PHI gives us a written request that includes ensuring the protection of confidentiality of your PHI. To help clarify this, here are some useful terms and definitions:

PHI refers to the information in your health record that could identify you. For example, it may include your name, the fact that you are receiving treatment here, and other basic information pertaining to your treatment. Use applies only to activities within our office and practice group, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.

Disclosure applies to activities outside of our office or practice group, such as releasing, transferring, or providing access to information about you to other parties.

Authorization is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form.

Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. For example, with your written authorization we may provide your information to your physician to ensure the physician has the necessary information to diagnose or treat you.

Payment refers to when your PHI may be used, as necessary, in activities related to obtaining payment for your health care services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.

Health Care Operations are activities that relate to the performance and operation of my practice. We may use or disclose, as needed, your protected health information in support of business activities. For example, when we review an administrative assistant's performance, we may need to review what that employee has documented in your record.

II. Uses and Disclosures Requiring Your Authorization

- We may use or disclose PHI for purposes other than for treatment, payment, and health care operations after obtaining appropriate authorization from you. Additionally, certain categories of information have extra protections by law, and thus require special written authorization for disclosures
- You have the right to revoke or modify all such authorizations at any time; however, the revocation or modification is not effective until you provide us with a written request.

III. Uses and Disclosures Requiring Neither Your Consent Nor Authorization

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

- **Child Abuse** – Whenever we, in our professional capacity, have knowledge of or observe a child we know, or reasonably suspect, has been the victim of child abuse or neglect, we may report such to a police department or sheriff's department, county probation department, or county welfare department. Also, if we have knowledge of or reasonably suspect that a child is subjected to mental suffering or that his or her emotional wellbeing is endangered in any way, we may report such to the above agencies.
- **Elder and Dependent Adult Abuse** – If we, in our professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, or if we are told by an elder or dependent adult that he or she has experienced these or if we reasonably suspect such, we must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency. We do not have to report such an incident if:
 - a. We have been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect; AND
 - b. We are not aware of any independent evidence that corroborates the statement that the abuse has occurred; AND
 - c. The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; AND
 - d. In the exercise of clinical judgment we reasonably believe that the abuse did not occur.
- **Health Oversight** – If a complaint is filed against us with the California Board of Psychology, the Board has the authority to ask us of the confidential mental health information relevant to that complaint.
- **Judicial or Administrative Proceedings** – If you are involved in a court proceeding and a request is made about the professional services that we have provided you, we cannot release your information without a) your written authorization or your personal representative; or b) a court order; or c) a subpoena duces tecum (a subpoena to produce records).
- **Serious Threat to Health or Safety** – If you or your family member communicate to us that you present an imminent, serious risk of injury or death to yourself or another identifiable person, we may make disclosures we consider necessary to protect you and others from harm such as informing

the police and the potential victim. If we have reasonable cause to believe that you are in such a condition as to be danger to yourself or others, we may release relevant information as necessary to prevent the threatened danger.

- ***Worker's Compensation*** – We may disclose PHI as authorized by, and to the extent necessary to comply with, laws relating to worker's compensation or other similar programs, that provide benefits for work-related injuries or illness without regard to fault.

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/disclosures of PHI pertaining to you. However, we are not required to agree to the request to restriction.
- ***Right to Inspect and Copy*** – You have the right to inspect or obtain a copy or both of your PHI in my records used to make decisions about you. We may deny your access to PHI under certain circumstances, but in some cases, you have the right to have this decision reviewed. On your request, we will discuss with you the details of the request and the reason for denial.
- ***Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*** – You have the right to request and receive confidential communications by alternative means and at alternative locations.
- ***Right to Amend*** – You have the right to request an amendment of PHI for as long as it is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- ***Right to a Paper Copy*** – You have the right to obtain a paper copy of the HIPAA Notice of Privacy Practices from us upon request.
- ***Right to an Accounting*** – You have the right to receive an accounting of all disclosures of PHI for which you have neither provided consent nor authorization. On your request, we will discuss with you the details of the accounting process.

Psychologist's Duties:

- We are required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to your PHI.
- We reserve the right to change the privacy policies and practices described in this notice at any time. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If we revise our policies and procedures, we will notify you of same.

V. Questions and Complaints

If you have questions about this notice, disagree with any decision we make about your records, or have other concerns about your privacy rights or this privacy policy, please discuss it with us.

If you believe that your privacy rights have been violated, or if you disagree with a decision we make about access to your records, you may contact the Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento CA 95834. They can be contacted by phone at (866) 503-3221. You may also file a written

complaint with the US Department of Health and Human Services, 200 Independence Avenue, S. W., Washington D.C. 20201, telephone: 1-877-696-6775. We will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Practices

This notice will go into effect on July 1, 2015. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. Should this occur, we will notify you of such changes and offer to provide you a paper copy of the revised notice.