

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

My Duty Regarding Your Health Information:

With limited exceptions, information about you and your health is confidential. Confidential information includes all individually identifiable information, whether in electronic or physical form, that is in my possession or is derived from information you share in confidence with me regarding your medical or mental health history, a mental or physical condition, your mental or physical health treatment or payment for treatment. More specifically, the health information I create and maintain in my possession is information that relates to your participation in outpatient treatment with a psychologist, psychiatrist, or other psychotherapist. All such information is "Confidential Information." I am committed to protecting the privacy of this information. This notice tells you about some of the ways in I we may use and disclose health information about you, as well as certain obligations I have regarding the use and disclosure of your health information. It also describes your rights regarding your health information.

My Responsibilities:

It is my responsibility to safeguard your health information. I am required to give you this Notice of Privacy Practices and to follow the terms of the notice currently in effect. I will notify you if I become aware of an unauthorized access, use or disclosure of your health information.

Changes to this Notice:

I reserve the right to change this Notice. I reserve the right to make the revised or changed notice effective for health information I already have about you as well as any information I receive in the future.

How I May Use and Disclose Health Information About You:

The following categories describe different ways that I may use your health information and disclose your health information to other persons and entities. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose your health information will fall within one of the following categories. If you have any specific concerns, please bring them to my attention, and I will be happy to discuss them with you.

- **TREATMENT:** Federal privacy rules and regulations allow health care providers who have direct treatment relationship with the client to use or disclose the client's personal health information without the client's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your

person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

If you are part of a health plan for which I am contracted to provide behavioral health services and are referred to me by your primary care physician within that health plan, I may communicate Confidential Information necessary for diagnosis and treatment with your physician. Information will also be recorded in your chart. However, I will request authorization from you in writing before I disclose your Confidential Information to another provider who is not associated with the Practice or your health plan.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the

• **PAYMENT:** I may use and disclose your health information to bill for services and to obtain payment from you, including, if necessary, the reporting of limited information necessary to pursue collection through a collection agency. With your consent, we may also disclose health information to your insurance company or other third-party payor or guarantor. This may include the disclosure of health information to obtain prior authorization for treatment. Your health information may also be disclosed in response to requests from your insurer, health care service, employee benefit plan or any governmental authority responsible for paying for health care services provided to you, to the extent necessary to allow responsibility for payment to be determined. In such cases you have a right to be provided with a copy of the request in writing within 30 days of the requestor's receipt of the information requested. Any information disclosed pursuant to this section will be limited to the minimum information necessary, and generally includes the nature of the services provided, the dates of services, the amount due and other relevant financial information.

• **PSYCHOTHERAPY NOTES:** I do keep psychotherapy notes as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is (a) for my use in treating you, (b) for my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy, (c) for my use in defending myself in legal proceedings instituted by you, (d) for use by the Secretary of Health and Human Services to investigate my compliance with HIPAA, (e) Required by law and the use or disclosure is limited to the requirements of such law, (f) required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes, (g) required by a coroner who is performing duties authorized by law, (h) Required to help avert a serious threat to the health and safety of others.

• **MARKETING:** As a psychotherapist, I will not use or disclose your health information for marketing purposes or sell your health information for any reason.

When Disclosure Is Required by Law:

There are times when I am required by law to disclose certain Confidential Information about you whether we want to or not. Some of the circumstances where disclosure is required by law are:

- Where I, as your psychotherapist reasonably suspect physical, emotional or sexual abuse, neglect or abandonment of a child, dependent adult or person 65 or older. You should know that sexual abuse of a child includes the creation of or streaming, downloading, storing or transmitting electronic images sexually depicting a child. This law is implicated even when a minor creates, streams, stores or transmits images of themselves such as when a minor creates, streams, stores or transmits images of themselves such as when sexting with a friend.
- Where I, as your psychotherapist have reason to believe that you may present a danger to others. If I believe that you are threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you.
- Where I have reason to believe that you present a danger to yourself. If you threaten to harm yourself, I may be obligated to seek hospitalization for you or to contact family members or others who can help provide you with protection;
- For certain specialized governmental functions related to the military, national security and intelligence, and the protection of the President and others.
- Upon request by your legal representative such as your attorney prior to the filing of a legal action, conservators authorized to access behavioral health records, persons having durable powers of attorney for healthcare decisions under circumstances where you have been determined to lack capacity to make healthcare decisions, or the personal representative, executor, or administrator of your estate or beneficiary potentially including any person who may have a present or future interest under a trust.

Minors in Therapy

If you are under 18 years of age, the law may grant your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. It is our policy to request a written agreement from your parents or guardians indicating that they consent to waive access to such information and/or access to your records. If they agree, we will provide them only with general information about our work together subject to your approval. If we feel it is important for them to know something to make sure that you and others around you are safe, we will encourage you to share the information with them during a family session, or we will share the information with them with your permission in the context of a scheduled session. However, if we think it is clinically necessary, we will involve them even without your permission if we have reason to believe there is a risk of harm to yourself or others or if another is harming you in any way.

Emergencies

Confidential treatment information may also be disclosed in the rare event of a medical or psychological emergency, meaning a sudden change in condition that may result in physical or psychological harm to you if left untreated.

Your Rights Regarding Medical Information About You:

You have the following rights regarding medical information we maintain about you:

- To obtain a copy of the Notice of Privacy Practices.
- To request a restriction on certain uses and disclosures of your information. This request must be in writing.
- To inspect and request a copy of your health record other than Psychotherapy Notes so long as the record is maintained. Your request must be in writing and specify the records to be copied. Upon receipt of your request, together with a fee, if required, to defray the costs of producing the copy, I will ensure that the copies are transmitted within 15 days after receiving the request. The following are some important exceptions:
 - 1) The representative of a minor is not entitled to inspect or obtain copies of the minor's patient records either i) with respect to which the minor has the right of inspection; or ii) where the health care provider determines that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological well-being.
 - 2) A health care provider may deny a request by a patient where the provider determines there is a substantial risk of significant adverse or detrimental consequences to the patient in seeing or receiving a copy of the mental health records requested by the patient. However, the health care provider shall (i) make a written record, to be included with the mental health records requested, noting the date of the request and explaining the health care provider's reason for refusing to permit inspection or provide copies of the records, including a description of the specific adverse or detrimental consequences to the patient that the provider anticipates would occur if inspection or copying were permitted; and (ii) permit inspection by, or provide copies of the mental health records to, a licensed physician and surgeon, licensed psychologist, licensed marriage and family therapist, licensed clinical social worker, or licensed professional clinical counselor, designated by request of the patient.
 - 3) A health care provider may confer with you in an attempt to clarify your purpose in obtaining a copy of your record and may choose to prepare a summary. If your provider choose to prepare a summary rather than allowing access to the entire record, they will make the summary available to you within 10 working days from the date of your request. If more time is needed, such as because of the length of the record or because you were discharged from a licensed health facility within the 10 days preceding your request, your provider will notify you that more time is needed and provide you with the date it will be completed. In no case may more than 30 days elapse between the date of your request and the delivery of the summary.
- To request an amendment to your health record if you feel the information is incorrect or incomplete. Your request must be made in writing and it must include a reason that supports the request.
- To obtain an accounting of disclosures to others of your health information. The accounting will provide information about disclosures made for purposes other than treatment, payment, health care operations, disclosures required by law or those you have authorized.
- To request confidential communications. You have the right to request that I communicate with

you about medical matters in a certain way or at a certain location. For example, you may ask that I only contact you at work or by mail. Your request must be in writing and specify the exact changes you are requesting.

- To revoke your authorization. You have the right to revoke your authorization for the use or disclosure of your health information except to the extent that action has already been taken.
- To choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before we take any action.
- Complain about any aspect of our health information practices to the United States Department of Health and Human Services without fear of retaliation. Complaints about this notice should be directed in writing to:

Office for Civil Rights, Region IX U.S. Department of Health and Human Services 50 United Nations Plaza, Room 322 San Francisco, CA 94102 Voice Phone (415) 437-8310 Fax (415) 437-8329 TDD (415) 437-8311

By signing below, I hereby acknowledge that (check one): I have received a copy of the Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Date: _____