

# 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.

## INTRODUCTION

Private health information (PHI) is identifiable information about: (1) your past, present, or future health or condition; (2) the provision of health care to you; or (3) payment for health care. Examples of PHI include information in your medical record such as your health history, the reasons you came for treatment, treatment plan, progress notes and billing information.

Use of your PHI is necessary in order for me to provide you with care, to develop a treatment plan, and to decide how well treatment is working for you. I also use and/or disclose your PHI for coordinating care with other health professionals who are treating you, and to show that you actually received the services for which you are billed.

I am required by law to extend certain protections to you and your PHI, and to give you this notice about my privacy practices that explains how, when, and why I may use and/or disclose your PHI. In most cases, I can release information about your treatment to others only if you sign a written authorization form, and I am required to disclose only that minimum amount of information necessary to accomplish the purpose of my use and/or disclosure.

**Some disclosures are allowable without your authorization, although it is my policy to discuss them with you when feasible and appropriate and to obtain your authorization.** Additionally, in situations where it is an option, I will not identify your PHI with your name.

## USE AND DISCLOSURES ALLOWED WITHOUT YOUR AUTHORIZATION

In general, I am allowed to use and/or disclose your PHI without your authorization for the purposes of treatment, payment for services, normal health care operations. For example, I may share your PHI with your primary care physician or other health professionals involved in your treatment, or to obtain consultation from another professional. Your PHI can also be used and/or disclosed in order to contact you for appointment reminders, for billing and collection activities, and/or during the course of quality care reviews.

Other allowable disclosure include the following:

**Child Abuse:** Whenever I, in my professional capacity, have knowledge of or observe child abuse or neglect, I must immediately report such to authorities in law enforcement or child welfare. I am also allowed to disclose PHI to these authorities if I have knowledge of or reasonable suspicion that a child has been emotionally abused.

**Elder and Dependent Adult Abuse:** Whenever I, in my professional capacity, have knowledge of or observe an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult I am required to report this to the local ombudsman or a local law enforcement agency. In some cases I am also required to make a report if an elder or dependent adult tells me that such abuse has occurred. Exceptions would occur if I was not aware of any independent evidence corroborating the allegations, I reasonably believe that the abuse did not occur, and the elder/dependent adult had a diagnosis of a mental illness or dementia, or was the subject of a court-ordered conservatorship for these reasons.

**Complaints Against Psychologist:** If a complaint is filed against me with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.

**Judicial or Administrative Proceedings:** In most legal proceedings, you have the right to prevent me from providing any information about your treatment. There are exceptions, such as when there is a court order to disclose, and in some proceedings involving child custody or Worker's Compensation claims.

**Serious Threat to Health or Safety:** If you communicate to me a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and notify the police. I am also allowed to disclose your PHI if I believe that you are a serious danger to yourself.

I encourage you to discuss with me any questions or concerns you may have about disclosures or confidentiality.

## **DISCLOSURES REQUIRING YOUR AUTHORIZATION**

I must obtain your authorization to disclose your PHI for purposes that fall outside the definition of treatment, payment, and health care operations, or the special situations described above. You retain the right to revoke your authorization at any time.

## **LIST OF DISCLOSURES**

I keep a record of any disclosures I make about your PHI. You are entitled to a list of these and may ask for it at any time.

## **YOUR MEDICAL RECORD**

Although your medical record is the physical property of the health care practitioner or facility that collected it, you are allowed to inspect, read or review your record. Because of the technical nature of the records, they can be misinterpreted by, or upsetting to, an untrained reader. For this reason, I recommend that they be reviewed in my presence or are forwarded to another mental health professional so you can discuss the contents. If you request that I copy or forward the records, I will charge a reasonable fee for the copying and mailing. In some cases you are also allowed to amend your record if you believe it is incorrect or something important is missing. In rare cases, I may refuse to show you the records if I believe that disclosing them would constitute a confidentiality breach or that disclosure would constitute a safety danger to you or someone else. In such a case you would have the right to challenge this, which I will discuss with you upon request.

## **COMPLAINTS ABOUT MY PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or object to a decision I have made about access to your PHI, please let me know. You have the right to file a complaint with me and/or the Secretary of the U.S. Department of Health and Human Services (200 Independence Ave., S.W., Washington, D.C. 20201). If you make a complaint, I will take no retaliatory actions against you.

If you need more information or have questions about my privacy practices, I encourage you to ask me. If you would like to receive a copy of this form by e-mail or a paper copy please let me know.