

Notice of Policies and Practices Concerning the Privacy of your Health Information

As a psychologist I am committed to protecting your privacy and confidentiality to the full extent of the law, and the APA Code of Ethics. 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. Please review it carefully.

I. Uses and Disclosures That Do Not Require Your Authorization

Federal and state laws allow psychologists and other health care workers to use or disclose your protected health information (PHI)¹ for certain treatment², payment³, and health care operation purposes⁴, without your authorization. Protected health information records include the minimum possible information about therapy such as dates, diagnosis, medications, crisis risk, symptoms, test results, billing and treatment plans. This record does not include any detailed written psychotherapy notes I may keep about our work together. Psychotherapy notes are separate records and are given more privacy and confidentiality protection by law.

Disclosure of your protected health information without your authorization may include, but is not limited to, sending insurance billing, case management and/or care coordination with your insurance company, or HMO, and consulting with your family physician and your other health care providers.

In addition there are some legal circumstances where I may use⁵ or disclose⁶ your protected health information without your written authorization or consent. These include the following:

- **Child Abuse:** When in my professional capacity I reasonably suspect that a child has been the victim of child abuse or neglect, I must immediately report what I know to a police department, sheriff's department, county probation department, or county welfare department. In addition, if I suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered I may report my suspicions to the above authorities.
- **Child Pornography:** I am required to report the possession or distribution of child pornography.
- **Elder or Dependant Adult Abuse:** In my professional capacity if I know or suspect that an elderly or dependant adult has been the victim of physical abuse, abandonment, abduction, isolation, financial abuse or neglect I must report my knowledge or suspicions to the local ombudsman or local law enforcement unless:
 - **I do not have to report such an incident if:**
 - I am not aware of independent evidence that corroborates the statement of the elder that he or she has been abused **and**;
 - 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:** In the exercise of clinical judgment I believe that the abuse did not occur.
- **Health Oversight:** 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:** If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides me with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified me that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party, or where the evaluation is court-ordered. I will inform you in advance if this is the case.

- **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 the police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.
- **Worker's Compensation:** If you file a worker's compensation claim, I must furnish a report to your employer, incorporating my findings about your injury and treatment, within five working days from the date of your initial examination, and subsequent intervals as may be required by the administrative director of the worker's compensation commission in order to determine your eligibility for worker's compensation.
- **Other:** There may be other situations when I am specifically required by law to release your protected health information.

II. Uses and Disclosures Requiring Your Authorization

In order to use or disclose your protected health information in situations other than those previously discussed, I must obtain your written authorization. This authorization must be obtained before information is released. I will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes are notes I have made about our conversations of individual, group, joint, or family counseling session. These notes are given a greater degree of protection than other protected health information.

Please note that when working with couples, Dr. Eicken sees the couple as the client. One file is kept for the case. That means that information about the couple cannot be released without the consent of both individuals in the couple, even in the event that the relationship ends.

You may revoke or modify all such authorizations at any time. However, the revocation or modification is not effective until I receive it, and cannot change disclosures already made.

III. Patient's Rights and Psychologist Duties

Patient Rights:

- 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 a restriction you request.
- You have the right to request and receive confidential communications of protected health information 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 correspond with you at a different address.)
- You have the right to inspect or obtain a copy (or both) of protected health information in my records as long as the information is in the record. All such requests must be made in writing. I may deny your access to protected health information under certain circumstances, but in some cases you may have this decision reviewed. In many cases the law permits me to provide you with a summary of the information lieu of the entire file. I will be happy to discuss with you the details of the request and denial process.
- You have the right to request an amendment of protected health information as long as it is maintained in my records. I may deny your request. I will discuss with you the details of the amendment process.
- You generally have the right to receive an accounting of disclosures of protected health information for which you have neither provided consent nor authorization (as described in section one of this notice).
- You have a right to a copy of this notice.

Psychologist Duties

- I am required to maintain the privacy of your protected health information and to provide you with this notice.
- I reserve the right to change the privacy policy of my practice and to make changes to the provisions I use to maintain protected health information. Unless I notify you of such changes I will abide by the terms currently in effect.
- If I substantially revise my procedures, I will immediately change this notice and place a revised version in the waiting room, or give you revised copy of this notice.

IV. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records I hope you will contact me at (310) 729-3055. You may also send a written complaint to the:

Secretary of the U.S. Department of Health and Human Services
200 Independence Ave. S.W.
Washington, D.C. 20201

V. Effective Date

This notice will go into effect on October 1, 2004.

I acknowledge receipt of this notice, and agree to its terms and conditions;

Client Name	Signature	Date
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- 1 *Protected Health Information* refers to information in your health record that could identify you. Protected health information records include the minimum possible information about therapy such as dates, diagnosis, medications, crisis risk, symptoms, test results, billing, and treatment plans.
- 2 *Treatment* is when I or another health care provider diagnoses or treats you. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist, regarding your treatment.
- 3 *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- 4 *Health Care Operations* is when I disclose your PHI to your health care service plan (your health insurer for example) or to your other health care providers contracting with your plan, or administering the plan, such as case management and care coordination.
- 5 *Use* applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- 6 *Disclosure* applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.