

HIPAA NOTICE OF PRIVACY PRACTICES --NO NEED TO PRINT—FOR YOUR INFO ONLY

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

PLEASE REVIEW IT CAREFULLY.

II. IT IS THE THERAPIST'S LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law, Therapists are required to insure that your protected Health Information (PHI) is kept private. The PHI constitutes information created or noted by the therapist that can be used to identify you. It contains data about your past, present or future health or condition, the provision of mental health care services to you, or the payment for such mental health care. The therapist is required to provide you with this Notice about our privacy procedures. This Notice must explain when, why and how we would use and/or disclose your PHI. Use of PHI means when your Therapist shares, applies, utilizes, examines, or analyzes information within his or her practice; PHI is disclosed when your Therapist releases, transfers, gives, or otherwise reveals it to a third party outside his or her practice. With some exceptions, the Therapist may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, the Therapist is always legally required to follow the privacy practices described in this Notice.

III. HOW THE THERAPIST WILL USE AND DISCLOSE YOUR PHI.

The Therapist will not use or disclose your PHI except when required by law. Most of the uses or disclosures will require your prior written authorization; others, however, will not. You may revoke written authorizations to disclose information at any time. Below you will find the different categories of uses and disclosures, with some examples. A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations That Do Not Require Your Prior Written Consent. The Therapist may use and disclose your PHI without your consent for the following reasons:

- 1.If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
- 2.If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if the Therapist determines that disclosure is necessary to prevent the threatened danger.
- 3.If disclosure is compelled or permitted by the fact that you tell the therapist of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
- 4.If disclosure is mandated by the California Child Abuse and Neglect Reporting Law. For example, if the Therapist has a reasonable suspicion of child abuse or neglect.
- 5.If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting Law. For example, if the Therapist has a reasonable suspicion of elder abuse or dependent adult abuse.
- 6.To obtain payment for treatment. The Therapist may use and disclose the minimum necessary PHI to bill and collect payment for the treatment and service provided. Example: Your PHI (diagnosis, date of service, type of service) may be sent to your insurance company or health plan in order to get payment for the mental health services that have been provided to you.

7.If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.
Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess compliance with HIPAA regulations.

8.If disclosure is otherwise specifically required by law.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

These are your rights with respect to your PHI:

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in the Therapist's possession, or to get copies of it; however, you must request it in writing. You will receive a response from the therapist within 5 days of receiving your written request. Under certain circumstances, the Therapist may feel he or she must deny your request and you will be given a written notice of the reasons for denial. The Therapist will also explain your right to have the denial reviewed. If you ask for copies of your PHI, the Therapist may charge a fee for the costs of copying and mailing. The therapist may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

B. The Right to Get a List of the Disclosures Made. You are entitled to a list of disclosures of your PHI that the Therapist has made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment or payment or sent directly to you. Disclosure records will be held for six years. The Therapist will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list given to you will include disclosures made in the previous six years unless you indicate a shorter period. The list will provide the list to you at no cost, unless you make more than one request in the same year, in which case you will be charged a reasonable sum based on a set fee for each additional request.

C. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that the Therapist correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 5 days of the Therapist's receipt of your request. The Therapist may deny your request, in writing, if: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of the records, or (d) written by someone other than the Therapist. The denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and the denial be attached to any future disclosures of your PHI. If the Therapist approves your request, he or she will make the change(s) to your PHI. Additionally, he or she will tell you that the changes have been made, and will advise all others who need to know about the change(s) to your PHI.

V. HOW TO COMPLAIN ABOUT THE THERAPIST'S PRIVACY PRACTICES

If, in your opinion, the Therapist may have violated your privacy rights, or if you object to a decision made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about the therapist's privacy practices, he or she will take no retaliatory action against you.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Jennifer Davis, MFT 2817 Crow Canyon Road, Ste 103, San Ramon, CA 94583