

**Client's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

## HIPAA NOTICE OF PRIVACY PRACTICES

**I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**II. IT IS MY LEGAL DUTY TO SAFEGUARD PROTECTED HEALTH INFORMATION (PHI).**

By law I am required to ensure that PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you or your child. It contains data about past, present, or future health or condition, the provision of health care services, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it on my website ([www.drmott.com](http://www.drmott.com).) You may also request an updated copy of this Notice from me.

**III. HOW I WILL USE AND DISCLOSE PHI.**

I will use and disclose PHI for many different reasons. Some of the uses or disclosures will require prior written authorization, but others will not. Below you will find the different categories of my uses and disclosures, with some examples.

**A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Prior Written Consent.** I may use and disclose PHI without your consent for the following reasons:

- ✓ For treatment. I can use PHI within my practice to provide mental health treatment, including discussing or sharing PHI with my trainees and interns (if applicable). I may disclose PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you or your child with health care services or are otherwise involved in your or your child's care. For example, if a psychiatrist is treating you or your child, I may disclose PHI to her/him in order to coordinate care.
- ✓ For health care operations. I may disclose PHI to facilitate the efficient and correct operation of my practice. For example, I might use PHI in the evaluation of the quality of health care services that you or your child have received or to evaluate the performance of the health care professionals who provided those services (i.e., for Quality Control). I may also provide PHI to

my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

- ✓ To obtain payment for treatment. For example, I might send PHI to your insurance company or health plan in order to get payment for the health care services that I have provided. Although I do not currently use a billing service, in the future I might provide PHI to business associates such as billing companies, claims processing companies, and others who may process health care claims for my office.
- ✓ Other disclosures. Your consent is not required if you or your child needs emergency treatment, provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose PHI.

**B. Certain Other Uses and Disclosures Do Not Require Your Consent. I may use and/or disclose PHI without your consent or authorization for the following reasons:**

- ✓ When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. For example, I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- ✓ If disclosure is compelled by a party to a proceeding before a Court of an administrative agency pursuant to its lawful authority.
- ✓ If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
- ✓ If disclosure is compelled by the client or the client's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
- ✓ To avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to medications).
- ✓ If disclosure is compelled or permitted by the fact that you or your child are in such mental or emotional condition as to be dangerous to self or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
- ✓ If disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, I may disclose PHI if I have a reasonable suspicion of child abuse or neglect.
- ✓ If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. For example, I may disclose PHI if I have a reasonable suspicion of elder abuse or dependent adult abuse.
- ✓ If disclosure is compelled or permitted by the fact that you or your child tell me of a serious/imminent threat of physical violence by you or your child against a reasonably identifiable victim or victims.
- ✓ For public health activities. For example, in the event of your or your child's death, if a disclosure is permitted or compelled, I may need to give the County Coroner PHI information.
- ✓ For health oversight activities. For example, I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

- ✓ For specific government functions. For example, I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
- ✓ For research purposes. Although I do not currently conduct research, in the future and under certain circumstances, I may provide PHI in order to conduct research.
- ✓ For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.
- ✓ Appointment reminders and health related benefits or services. For example, I may use PHI to provide appointment reminders. I may use PHI to provide information about alternative treatment options, or to provide information about other health care services or benefits I offer.
- ✓ If an arbitrator or arbitration panel compels disclosure, such as when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records), or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- ✓ If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. For example, I may release PHI when compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
- ✓ If disclosure is otherwise specifically required by law.

**C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

1. Disclosures to family, friends, or others. I may provide PHI to a family member, friend, or other individual who you indicate is involved in your care or your child's care, or who is responsible for the payment for your or your child's health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

**D. Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any PHI. Even if you have signed an authorization to disclose your or your child's PHI, you may later revoke that authorization in writing to stop any future uses and disclosures of PHI by me (assuming that I haven't taken any action subsequent to the original authorization).

**IV. WHAT RIGHTS YOU HAVE REGARDING YOUR OR YOUR CHILD'S PHI?**

**A. The Right to See and Get Copies of Your or Your Child's PHI.** In general, you have the right to see your or your child's PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have the PHI but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request; if I do, I will give you the reasons for the denial in writing. I will also explain your right to have my denial reviewed.

If you ask for copies of your or your child's PHI, I will charge you not more than \$.25 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it and you agree to the cost in advance.

**B. The Right to Request Limits on Uses and Disclosures of Your or Your Child's PHI.** You have the right to ask that I limit how I use and disclose PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

**C. The Right to Choose How I Send Your or Your Child's PHI to You.** It is your right to ask that PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI in the format you requested without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

**D. The Right to Get a List of the Disclosures I Have Made.** You are entitled to a list of disclosures of your or your child's PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years, or for seven years after your child turns 18.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

**E. The Right to Amend Your or Your Child's PHI.** If you believe that there is some error in the PHI or that important information has been omitted, it is your right to request that I 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 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My 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 my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to the PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to the PHI.

**F. The Right to Get This Notice by Email.** You have the right to get this notice by email. You have the right to request a paper copy of it as well.

## **V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES.**

If in your opinion, I may have violated your or your child's privacy rights, or if you object to a decision I made about access to 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 my privacy practices, I will take no retaliatory action against you or your child.

## **VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY 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 me at: Mariam A. Mott, Ph.D., 28562 Oso Parkway, Suite D-437, Rancho Santa Margarita, CA, 92688. My office/cell phone is (949) 858-6688. You can also email me at [drmott@drmott.com](mailto:drmott@drmott.com), although the contents of email communications cannot be completely assured.

**VII. NOTIFICATIONS OF BREACHES.**

In the case of a breach, I (Mariam A. Mott, Ph.D.) am required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, I am ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, OCR must be notified in accordance with instructions posted on its website. I bear the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

**VIII. PHI AFTER DEATH.**

Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. I (Mariam A. Mott, Ph.D.) may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

**IX. INDIVIDUALS' RIGHT TO RESTRICT DISCLOSURES; RIGHT OF ACCESS.**

To implement the 2013 HITECH Act, the Privacy Rule is amended. I (Mariam A. Mott, Ph.D.) am required to restrict the disclosure of PHI about you or your child to a health plan, upon request if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full. (OCR clarifies that the adopted provisions do not require that covered healthcare providers create separate medical records or otherwise segregate PHI subject to a restrict healthcare item or service; rather, providers need to employ a method to flag or note restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan.)

The 2013 Amendments also adopt the proposal in the interim rule requiring me (Mariam A. Mott, Ph.D.) to provide you a copy of your or your child's PHI if you request it in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that I must provide you only with an electronic copy of your/your child's PHI, not direct access to your/your child's electronic health record systems. The 2013 Amendments also give you the right to direct me to transmit an electronic copy of PHI to an entity or person designated by you. Furthermore, the Amendments restrict the fees that I may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days to 30 days with a one-time extension of 30 additional days.

**X. NPP.**

Most uses and disclosures of psychotherapy notes (if applicable), marketing disclosures, and sale of PHI require prior authorization by you, and you have the right to be notified in case of a breach of unsecured PHI.

**XI. EFFECTIVE DATE OF THIS NOTICE.**

This version of this notice went into effect December 23, 2019.

*I acknowledge receipt of this notice:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client

*Updated 12/23/19*