

## NOTICE OF HIPAA 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 IT CAREFULLY.

### MY PLEDGE REGARDING MEDICAL INFORMATION

I understand that medical information about you and your health is personal. I am committed to protecting medical information about you. It is my duty to safeguard your Protected Health Information (PHI). Your personal doctor or other community-based providers may have different policies or notices regarding their use and disclosure of your medical information or PHI created in their offices, clinics, or facilities.

This Notice will tell you about ways in which I may use and disclose medical information about you. I also describe your rights and certain obligations I have regarding the use and disclosure of medical information. If I significantly change my privacy practices I will revise this Notice and make it available to you at your next appointment.

I am required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions)
- Give you this notice of my legal duties and privacy practices with respect to medical information about you
- Follow the terms of the Notice that are currently in effect

### HOW I MAY USE AND DISCLOSE PSYCHOLOGICAL OR TREATMENT INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose medical information. For each category of use or disclosure, not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories. Some types of information such as HIV test results, mental health information, and drug and alcohol treatment program information are subject to stricter rules and will be treated with even greater confidentiality in some situations.

#### DISCLOSURE AT YOUR REQUEST

I may disclose information requested by you. This disclosure at your request may require your written authorization. For example, you may authorize me to release information about you to a patient's rights advocate. You may take back (i.e., "revoke") your authorization in writing at any time and it will take effect upon receipt, except to the extent that others have previously acted in reliance upon your authorization.

#### FOR TREATMENT

I may use medical information about you to provide you with medical treatment or services. Treatment includes providing, coordinating, or managing your health care needs. Treatment can also include consultations and referrals on a need to know basis between providers. For example, I may disclose your

PHI to physicians, psychiatrists, psychologists, or other licensed health care providers who provide you with health care services or are otherwise involved in your case.

#### FOR PAYMENT

I may use and disclose medical information about you so that I can receive payment for the treatment I provided to you. I might send your PHI to your insurance company or health plan to get payment for the services I provided to you. I could also provide your PHI to billing companies or claims processing companies.

#### TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

With your permission, I may release information about you to a friend or family member who is involved in your medical care or to someone who helps pay for your care. In addition, I may disclose general medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you develop a serious condition and are unable to communicate, I will attempt to contact someone I believe can make health care decisions for you (e.g., a family member or agent with power of attorney).

#### AS REQUIRED BY LAW

I will disclose medical information about you when required to do so by federal, state, or local law; for example, to report information about victims of abuse or neglect, or to warn of serious threats. I must also report certain information for public health activities, or for government oversight activities, for example if the Medical Board of California is investigating a licensee. I must disclose information if required by a court order. I must provide information to the Department of Health and Human Services if there is an investigation to determine my compliance with the law.

#### FOR HEALTH CARE OPERATIONS

I may share basic identifying information with a secretary or other office staff to assist in scheduling and treatment procedures. This normally would not include the contents of your psychological record.

#### BUSINESS ASSOCIATES

I may contract with a billing agency or attorneys to attend to business issues on an as needed basis. In this case, there will be a written contract in place with the agency requiring that it maintain the security of your information in compliance with the rules of HIPAA.

#### TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

I may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. However, any disclosure would only be to someone able to help prevent the threat.

#### SPECIAL SITUATIONS

##### MILITARY AND VETERANS

If you are a member of the armed forces, I may release medical information about you as required by military command authorities. I may also release medical information about foreign military personnel to the appropriate foreign military authority.

##### WORKERS' COMPENSATION

I may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

#### PUBLIC HEALTH ACTIVITIES

I may disclose medical information about you for public health activities. These activities generally include the following: To prevent or control disease, injury or disability; to report births and deaths; to report the abuse or neglect of children, elders, or dependent adults; to report reactions to medication or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if I believe a patient has been the victim of abuse, neglect, or domestic violence. I will only make this disclosure if you agree or when required or authorized by law; to notify emergency response employees regarding the possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

#### HEALTH OVERSIGHT ACTIVITIES

I may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

#### LAWSUITS AND DISPUTES

If you are involved in a lawsuit or dispute, I may disclose medical information about you in response to a court or administrative order. I may also disclose general medical information about you 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 request (which may include written notice to you) or to obtain an order protecting the information requested.

#### LAW ENFORCEMENT

I may release medical information if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, I am unable to obtain your agreement; about a death I believe may be the result of criminal conduct; about criminal conduct in this office; in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

#### CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

I may release medical information when required by law to report a death to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. I may also release medical information about patients to funeral directors as necessary to carry out their duties.

#### NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

I may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

#### PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS

I may disclose medical information about you to government law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

## SPECIAL CATEGORIES OF INFORMATION

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosure described in this Notice. For example, there are special restrictions on the use or disclosure of certain categories of information, such as tests for HIV or treatment for mental health conditions or alcohol or drug abuse. Government health benefit programs such as Medicaid may also limit the disclosure of beneficiary information for purposes unrelated to the program.

## CHILD ABUSE AND NEGLECT REPORTING ACT

Your psychologist is obliged under the law to report to the appropriate authorities any instance where you disclose that you have accessed, streamed, or downloaded material where a child is engaged in an obscene sexual act.

## CHANGES TO THIS NOTICE

Please note that this privacy notice may be revised from time to time. You will be notified of changes in the laws concerning privacy or your rights as we become aware of them. In the meanwhile, please do not hesitate to bring to my attention any questions or concerns you have about confidentiality.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information I maintain about you.

### RIGHT TO INSPECT AND COPY

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but may not include some mental health information. To inspect and copy medical information you must submit your request in writing to me. If you request a copy of the information, I may charge a fee for the costs of copying, mailing, or other supplies associated with your request. I may deny your request to inspect and copy your medical information in very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial and I will comply with the outcome of the review. If your request to see your mental health information is denied, you may arrange to have a third party professional review the record on your behalf.

### RIGHT TO AMEND

If you feel that information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, you must make the request in writing and must provide a reason to support your request. I may deny your request if you ask me to amend information that was not created by me, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by me; is not part of the information which you would be permitted to inspect or copy; or is accurate and complete.

### RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures." This is a list of disclosures I made of medical information about you for uses other than for treatment, payment, and health care operations and with other exceptions pursuant to the law. To request an accounting of disclosures you must submit your request in writing to me and must state a time period for the accounting, which may not be longer than six years prior to the date of your request. Your first request within a 12-month period will be free.

For additional accounting lists I may charge you for the costs of providing the list. I will notify you of the costs involved and you may choose to withdraw or modify your request before any costs are incurred.

#### RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information I use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your medical care, like a family member or friend. For example, you could ask that we not use or disclose information about mental health treatment you might be receiving. To request restrictions, you must make your request in writing to me. In your request, you must tell me 1) what information you want to limit; 2) whether you want to limit my use or disclosure or both; 3) to whom you want the limits to apply.

#### RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that I communicate with you about your services with me in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail. To request confidential communications, you must make your request in writing to me. I will not ask you the reason for your request and I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

#### RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

#### COMPLAINTS

If you believe your privacy rights have been violated you may contact Bay Area Health Psychology by email at [Info4BAHP@Gmail.com](mailto:Info4BAHP@Gmail.com), by phone at (650) 999-0220, or by mail at 3860 W. Naughton Ave., Belmont, CA 94002. We will review your claim and take corrective action as needed. You also have the right to file a complaint with the Department of Health and Human Services (HHS) within 180 days of your discovery of the incident leading to your complaint. You can contact HHS by calling or writing:

Secretary of the U.S. Department of Health and Human Services  
Office for Civil Rights  
Attention: Regional Manager  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
(866-627-7748) or (866-788-4989 TTY)

You will not be retaliated against for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE: January 26, 2015

See next page for acknowledgement and signature.

## HIPAA ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy the Notice of Privacy Practices and HIPAA and had the opportunity to ask questions and discuss the privacy rights described herein. I understand that if I have further questions regarding the Notice or my privacy rights, I can contact Bay Area Health Psychology via telephone (650-999-0220) or email (Info4BAHP@Gmail.com).

Print Client Name: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Checking this box indicates that typing my name above is the same as signing the form.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Checking this box indicates that typing my name above is the same as signing the form.

Print Name of Responsible Party: \_\_\_\_\_

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

Signature of Therapist: \_\_\_\_\_ Date: \_\_\_\_\_