

NOTICE OF 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.

The privacy of your health information is important to me. I will maintain the privacy of your health information and I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so. This Notice describes how I may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information I maintain about you and a brief description of how you may exercise these rights.

I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

I am required by applicable federal and state law to maintain the privacy of your health information PHI, which includes information that may identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or the payment of this health care. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information. I must follow the privacy practices that are described in this Notice.

For more information about my privacy practices, or for additional copies of this Notice, please contact me using the information listed at the end of this Notice.

I. HOW I MAY USE AND DISCLOSE YOUR PHI

I will use and disclose your PHI for many different reasons. For some of these uses or disclosures, I will need your prior written authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Authorization. I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section I C, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. **For Treatment:** I may use and disclose PHI in order to provide mental health treatment to you. For example, I may use PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers (e.g., physicians, psychologists, psychiatrists, and other licensed providers) involved in your treatment for the purpose of providing, coordinating, or managing your health care treatment and related services.
2. **To Obtain Payment for Treatment:** I may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services (e.g., determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities).
3. **For Health Care Operations:** I may use and disclose PHI to operate my practice including, but not limited to, quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities, or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing, claims processing, or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI.
4. **Patient Incapacitation or Emergency:** I may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent is not required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me and I think that you would consent to such treatment if you were able to do so.

B. Certain Other Uses and Disclosures Also Do Not Require Your Consent or Authorization

1. **Required or Permitted by Law:** I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law. Additionally, I may remind you about appointments and to inform you of health-related benefits or services.

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

1. **Disclosures to Family, Friends, or Others:** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Uses and Disclosures Requiring Your Written Authorization

1. **Psychotherapy Notes:** Notes recorded by your clinician documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.
2. **Marketing Communications:** I will not use your health information for marketing communications without your written authorization.
3. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I A and I B above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time in writing to stop any future uses and disclosures of your PHI by me.

II. YOUR INDIVIDUAL RIGHTS

You have the following rights regarding PHI that I maintain about you. To exercise any of these rights, you must submit your request in writing to me.

- A. Right of Access to Inspect and Copy.** You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. I will respond to your request within 30 days of receiving your written request. Under limited circumstances, I may deny access to your records such as when there is compelling evidence that access would cause serious harm to you. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.
- B. Right to Choose How I Send PHI to You.** You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication (e.g., email instead of regular mail) or at alternative locations (e.g., work instead of home). I must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and when appropriate, you provide me with information as to how payment for such alternate communications will be handled.
- C. Right to Request Restrictions on My Uses and Disclosures.** You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. I am not required to agree to any such restriction you may request. You may not limit the uses and disclosures that I am legally required to make.
- D. Right to Receive a List of the Disclosures I Have Made.** Upon written request, you have the right to receive a list of instances, i.e., an Accounting of Disclosures, in which I have disclosed your PHI after April 14, 2003. This list will not include disclosures made for treatment, payment or health care operations; disclosures made to you; or disclosures you authorized. This right is subject to other restrictions and limitations. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- E. Right to Request Amendment to Your PHI:** If you feel that the PHI I have about you is incorrect or incomplete, you have the right to request that I amend your health information. Your written request must explain why the information should be amended, although I may deny your request under certain circumstances.
- F. Right to a Copy of this Notice.** You have the right to obtain a paper copy of this Notice.

III. QUESTIONS AND COMPLAINTS

If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact me at **626-260-1356**. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington D.C. 20201. I will not retaliate against you if you file a complaint about my privacy practices.

IV. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- A. Effective Date.** The effective date of this Notice is April 14, 2003.
- B. Changes to this Notice.** I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office. You can also request a copy of this Notice from me.