

# HIPAA NOTICE OF PRIVACY PRACTICES

Date of Last Revision: 05/10/07  
Effective Date: Immediately

*This Information is made available to all patients*

**THIS NOTICE DESCRIBES HOW BEHAVIORAL HEALTH/MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

THIS NOTICE APPLIES TO ALL THE RECORDS OF YOUR CARE GENERATED BY THE PRACTICE, WHETHER MADE BY THE PRACTICE OR AN ASSOCIATED FACILITY.

This notice describes our Practice's policies, which extend to:

- Any health care professional authorized to enter information into your chart (including all behavioral health care professionals, RNs, etc.);
- All areas of the Practice (front desk, administration, billing and collection, etc.
- All employees, staff and other personnel that work for or with our Practice;
- Our business associates (including billing services).
- Behavioral health hospitals, and so on.

**The Practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).**

## *OUR THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION*

We understand that your behavioral health/medical information is personal to you, and we are committed to protecting the information about you. As your behavioral health professional, we create paper and electronic professional records about your behavioral/physical health, our care for you, and the services and/or items we provide to you. We need this record to provide for your care and to comply with certain legal requirements.

We are required by law to make sure that the protected health information about you is kept private, provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you, and follow the conditions of the Notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE BEHAVIORAL HEALTH/MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of uses or disclosure provides a general explanation and some examples of uses. Not every use or disclosure in a category is either listed or actually in place.

The explanation is provided for your general information only.

- 1) Behavioral Health/Medical Treatment. We use previously given behavioral health/medical information about you to provide you with current or prospective behavioral health treatment or services. Different employees within the Practice also may share information about you including your record(s), prescriptions, and requests of lab work history, treatment, and diagnosis. We may also discuss your behavioral health information with you to recommend possible treatment options. We also may disclose information about you to people outside the Practice who may be involved in your behavioral/medical care after you leave the Practice; this may include your family members, friends, or other personal representatives,

**but only if** authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).

- 2) Payment. We may use and disclose behavioral health/medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information, about treatment you received at the Practice, to obtain payment or reimbursement for the care. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
  
- 3.) Health Care Operations. Within our practice, we may use and disclose behavioral health/medical information about you so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective. For both of the following, we will remove information that identifies you from the set of information so others may use it to study health care and health care delivery without learning who the specific patients are. In this non-identifying way, we may also disclose information to doctors, nurses, technicians, mental health/medical students, and other personnel for review and learning purposes.
- 4) Disclosure. We may also use or disclose information about you for internal or external utilization review and/or quality assurance to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your behavioral health/medical records. We expect then to keep your information in strict confidence.
- 5) Appointment and Patient Reminders. We may ask that you sign in writing at the Receptionist's Desk or waiting area, a "Sign In" log on the day of your appointment with the Practice. We may use and disclose behavioral health/medical information to contact you as a reminder that you have an appointment for medical care with the practice or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving of an e-mail, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others. You have the right, detailed on the next page, to let us know if you prefer some specific form of this communication.
- 6) Emergency Situations. In addition, we may disclose behavioral health/medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

#### Other Uses Of Behavioral Health/Medical Information

Other uses and disclosures of behavioral Health/Medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be very reasonably inferred from the intended uses above. If you have provides us with your permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke our permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## Patient Rights

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR BEHAVIORAL HEALTH/MEDICAL INFORMATION.

You have the following rights regarding Behavioral Health/Medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy behavioral health/medical information that may be used to make decisions about your care. This includes your own billing records, **but does not include psychotherapy notes**. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and copy your behavioral health/medical record, you must submit your request in writing to our Compliance Officer. Ask the front desk person for the name of the Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to behavioral/medical information, you may request that our Compliance Committee review the denial. Another licensed health care professional chosen by the Practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome and recommendations from that review.

Right to Amend. If you feel that the behavioral health/medical information we have about you (**not including psychotherapy notes**), in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the Practice maintains your record.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the behavioral health/medical information kept by or for the Practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is inaccurate and incomplete.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures. This is a list of the disclosures we may have made of behavioral health/medical information about you to others.

To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003 (or the actual implementation date of the HIPAA Privacy Regulations). Your request should indicate in what form you want the list (for example, on paper, electronically). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. In general, your information will not be released to anyone except as outlined in this document. However, you have the right to request a restriction or limitation on the behavioral/medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the behavioral health/medical information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received.

We may not be able to comply with your request, if the information is exempted from the consent requirement or we are otherwise required to disclose the information by law.

To request restrictions, you must make your request in writing. In your request, you indicate:

- what information you want to limit;
- whether you want to limit our use, disclosure or both; and
- to whom you want the limits to apply, (e.g., disclosure to your parents, spouse, etc.)

Right to Request Confidential Communications. You have the right to request that we communicate with you about behavioral health/medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or e-mail, or the like.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, if you are taking any, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of behavioral health/medical information. Before we use or disclose information for research, the project will have been approved through the research approval process. We will obtain a written Authorization from you before using or disclosing your individually identifiable health information. Otherwise we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

Required by Law. We will disclose behavioral health/medical information about you when required to do so by federal, state, or local law. Psychotherapy notes are especially guarded, and are considered confidential in most cases.

To Avert a Serious Threat to Health or Safety. We may use and disclose behavioral health/medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Workers' Compensation. We may release behavioral health/medical information about you for workers' compensation or similar programs, if you are claiming a behavioral health injury and we are ordered to do so by legal authority. Workers' compensation programs provide benefits for work-related injuries or illness.

Public health Risks. Law or public policy may require us to disclose behavioral health/medical information about you for public health activities. These activities generally include the need to report births and deaths; or to notify the appropriate government authority if we believe a child, elder, or dependent adult has been the victim of abuse or neglect. We will only make this disclosure if you agree or when required or authorized by law.

Investigation and Government Activities. We may disclose behavioral health/medical information to a local, state or federal agency for activities authorized by laws. These oversight activities

include, for example, audits, investigation, inspections, and licensure. These activities are necessary for the payor, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or legal dispute, we may disclose medical information about you in response to a judge's order. This is particularly true if you make your behavioral health an issue in the case. Otherwise, judges do not order the violation of the confidentiality of behavioral health records lightly. They only do so if they consider the information critical for a highly important matter. We may also use your information to defend ourselves or any member of our Practice in any actual or threatened legal action.

Law Enforcement. We may release behavioral health/medical information if asked to do so by a law enforcement official under the following circumstances:

- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Practice; and
- 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. We may release behavioral Health/Medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release behavioral health/medical information about patients of the practice to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release behavioral/medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for behavioral health/medical information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice in the Practice. The notice will contain on the first page, in the top right-hand corner, the date of last revision and effective date. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our office manager, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

The Office Manager can be reached at this number: 760 369-7166.

You will not be penalized for filing a complaint.