



HIPAA Notice of Privacy Practices

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HIPAA (Health Insurance Portability and Accountability Act) is a Federal law Enacted in 1996

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.

This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF YOUR (PHI) PROTECTED HEALTH INFORMATION

In General: Your protected health information (PHI) may be used and disclosed by me, your therapist, and others outside of my office that are involved in your care and treatment for the purpose of providing mental health services to you, to pay your mental health care bills, to support the operation of the therapist's practice, and any other use required or permitted by law.

Treatment: I will use and disclose your PHI to provide, coordinate, or manage your mental health care and any related services. This includes the coordination or management of your health care with a third party health care provider. For example, I would disclose your PHI, as necessary, to a third party provider to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your mental health care services. For example, obtaining approval for counseling services may require that your relevant PHI be disclosed to your health plan to obtain approval for said treatment. I may also disclose elements of your PHI to obtain payment from third parties who may be responsible for such costs, such as family members.

Healthcare Operations: I may use or disclose, as needed, your PHI in order to support the business activities of my therapy practice. These activities may include, but are not limited to, quality assurance

activities, licensing, and conducting or arranging for other business activities. For example, I may disclose your PHI, as necessary, to contact you to remind you of your appointment.

Family and Friends: Except for certain minors, incompetent clients or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of the discussion. However, if you object, PHI will not be disclosed.

Without Client Authorization: I may use or disclose your PHI in the following situations without your authorization. These situations include: as Required By Law, Public Health issues (as required by law), Abuse or Neglect, Legal Proceedings (when issued a court order by a judge for information related to your records or treatment), Law Enforcement, or Danger to Self or Others. Under the law, I must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine my compliance with the requirements of Section 164.500.

Other permitted and required Uses and Disclosures will be made only with your consent, authorization, or opportunity to object unless required by law.

You may revoke this authorization at any time, in writing, except to the extent that your therapist or the therapist's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS WITH RESPECT TO YOUR PHI (PROTECTED HEALTH INFORMATION)

You have the right to inspect and copy your PHI, such as billing records and medical records. You must submit a written request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated supplies. In certain limited circumstances, we may deny your request. If you are denied access, you are entitled to request a review of the denial. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. This means you may ask me not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your therapist is not required to agree to a restriction that you may request. If the therapist believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Mental Healthcare Professional.

You have the right to request to receive confidential communications from me by alternative means or at an alternative location. For example, you may request that we only contact you at work or on your cell phone. We will accommodate all reasonable requests. Please make such requests in writing.

You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to accept this notice alternatively (i.e. electronically). Please request one from your professional.

You have the right to request an amendment to your PHI if you believe the information I have about you is incomplete or incorrect. If I deny your request for amendment, you have the right to file a statement of disagreement with me and I may prepare a rebuttal to your statement and will provide you with a copy of any such material.

You have the right to receive an accounting of certain disclosures I have made, if any, of your PHI.

I reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: If you believe that your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with my office, contact WIT Professionals at 925-785-0558. You will not be penalized for filing a complaint.

This notice was published and became effective on or before January 10, 2018.

I am required by law to maintain the privacy of your PHI and to provide individuals with this notice of my legal duties and privacy practices with respect to PHI. If you have any concerns about this notice, please speak with me directly