

NOTICE OF PRIVACY PRACTICES

Health providers are required by law to provide you with this notice, which explains privacy practices with regard to your medical information. This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please initial at the bottom of each page and sign and date on the last page.

I. Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for certain treatment, payment, and health care operations purposes without your authorization. In certain circumstances I can only do so when the person or business requesting your PHI gives me a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

- **PHI** refers to information in your health record that could identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care.
- **Treatment** is when I provide your health care or manage it, for example by seeking consultation with another health care provider as a way of better serving your needs.
- **Payment** is when I obtain authorization or reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- **Health Care Operations** are activities that relate to running my practice, which can include an outside assessment of my compliance with regulations, audits, administrative services, case management, and other business-related matters.
- **Use** applies only to activities within my practice that help manage the services I provide.
- **Disclosure** applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other individuals or organizations.
- **Authorization** means your written permission for specific uses or disclosures.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment and payment operations, I will obtain an authorization from you before releasing this information. Authorization is also required before releasing your psychotherapy notes. "Psychotherapy notes" are notes some therapists keep about psychotherapy conversations during a private counseling session or a group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke or modify all such authorizations (of PHI) at any time; however, the revocation or modification is not effective until I receive it in writing.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Health Emergencies:** Health information may be disclosed to others without your consent if you need emergency treatment, including if your therapist tries to get consent for such treatment but you are unable to communicate. Your therapist must try to obtain your consent later, after treatment is rendered.
- **Child Abuse:** If I, in my professional capacity, have reasonable cause to believe that a child has been abused or neglected, I am required to report my suspicions to child protective services. Also, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I may report such to the above agencies.
- **Elder and Dependent Adult Abuse:** If I, in my professional capacity, I have reasonable cause to believe that an elderly person or other vulnerable adult has been abused, abandoned, abducted, isolated, or exploited, I must report the known or suspected abuse immediately to the adult protective services agency or the local law enforcement agency. If, however, (a) an elder or dependent adult who has been diagnosed with a mental illness or dementia, or who is the subject of a conservatorship because of a mental illness or dementia, tells a therapist of an incident of abuse; (b) the therapist is unaware of any independent corroborating evidence; and, (c) in the exercise of clinical judgment, the therapist reasonably believes that the abuse did not occur, the therapist is not required to make a report.
- **Health Oversight:** If a complaint is filed against me with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without: 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides me with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified me that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you or your family member communicates to me that you pose a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.
- **Worker's Compensation:** If you file a worker's compensation claim, I may disclose to your employer your medical information created as a result of employment-related health care services provided to you at the specific prior written consent and expense of your employer so long as the requested information is relevant to your claim provided that is only used or disclosed in connection with your claim and describes your functional limitations provided that no statement of medical cause is included.
- **Other Allowable Disclosures:** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality

law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a healthy oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from me upon request.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket** – You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for a therapist's services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI** – You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Romi Mann, Psy.D.
Clinical Psychologist (PSY 25226)
415.508.7664

V. Questions and Complaints

You are always free to discuss this notice and these policies with me so that we can address your questions, complaints, or concerns.

Complaints: If you are concerned that a therapist has violated your privacy rights, or you disagree with a decision that a therapist has made about access to your records, you may wish to file a complaint with this office. You may send your written complaint to the address at the top of this notice. You may also contact the California Department of Health Services and/or send a written complaint to the Secretary of the U.S. Department of Health and Human Services. When filing a complaint, please include the following information: type of infraction, description of the privacy issue, date of incident if applicable, and address where formal response may be sent. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, Changes to Privacy Policy

Therapists are required by law to maintain the privacy of health information and to provide you with a notice of legal duties and privacy practices with respect to it. I reserve the right to change the policies and practices described here. Unless I advise you of such changes, I am required to abide by the terms currently in effect. If I revise these policies and procedures, I will provide you with a revised Notice in person or by mail. **This notice will go into effect on April 1, 2016.**

Printed Name of Patient

Printed Name of Parent/Guardian (if applicable)

Signature

Date