

## HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT PATIENTS IN MY PRIVATE PRACTICE MAY BE USED AND DISCLOSED AND HOW THEY CAN GET ACCESS TO THIS INFORMATION.

I REQUEST THAT PATIENTS IN MY PRIVATE PRACTICE REVIEW THIS NOTICE CAREFULLY.

### What is Medical Information?

The term medical information is synonymous with the terms personal health information and protected health information (PHI) for purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan, or others and 2) relates to the past, present, or future physical or mental health or condition of an individual (patient); the provision of health care (e.g., mental health) to an individual (patient); or the past, present, or future payment for the provision of health care to an individual (patient).

As a Licensed Marriage and Family Therapist, licensed by the State of California through the Board of Behavioral Sciences, I create and maintain treatment records that contain individually identifiable health information about my patients. These records are generally referred to as medical records or mental health records, and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

### Uses and Disclosures Without Patient Authorization - For Treatment, Payment, or Health Care Operations

**Treatment:** Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient to use or disclose the patient's personal health information for mental health treatment. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you and providing medication services, I may disclose your PHI to him/her in order to coordinate your care.

Disclosures for treatment purposes are not limited to the minimum necessary standard because physicians and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word treatment includes, among other things, the coordination and management of health care among health care providers or by a health care provider with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

**Payment:** I can use and disclose your PHI to bill and collect payment for the treatment and services I provided to you.

**Healthcare Operations:** I can use and disclose your PHI to operate my practice.

For example, I might use your PHI to evaluate the quality of health care services that you

received or to evaluate the performance of the health care professionals who provided such services to you. I may also provide your PHI to my accountant, attorney, consultants, or others to further my health care operations.

**PLEASE NOTE:** I may contact my patients to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to my patients. My patients' prior written authorization is not required for such contact.

If you need emergency treatment, your consent is not required provided I attempt to obtain consent after treatment is rendered. In the event that I try to get your consent and you are unable to communicate (for example, if you are unconscious or are in severe pain) but I think you would consent for such treatment if you could, I may disclose your PHI.

**Other Uses and Disclosures Without Patient's Authorization:**

I may be required or permitted to disclose my patient's personal health information (e.g., a patient's mental health records) without my patient's written authorization. The following circumstances are examples of when such disclosures may or will be made:

1. If disclosure is compelled by a court pursuant to an order of that court.
2. If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.
3. If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum (e.g., a subpoena for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.
4. If disclosure is compelled by a board, commission, or administrative agency pursuant to an investigative subpoena issued pursuant to its lawful authority.
5. If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum (e.g., a subpoena for mental health records), or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.
6. If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.
7. If disclosure is compelled by the patient or the patients representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the California Health and Safety Code or by corresponding federal statutes or regulations (e.g., the federal Privacy Rule, which requires this Notice).
8. If disclosure is compelled or by the California Child Abuse and Neglect Reporting Act (for example, if I have a reasonable suspicion of child abuse or neglect).
9. If disclosure is compelled by the California Elder/Dependent Adult Abuse Reporting Law (for example, if I have a reasonable suspicion of elder abuse or dependent adult abuse).

10. If disclosure is compelled or permitted by the fact that my patient is in such mental or emotional condition as to be dangerous to him/herself or to the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
11. If disclosure is compelled or permitted by the fact that my patient tells me of a serious threat (imminent) of physical violence to be committed by him/her against a reasonably identifiable victim or victims.
12. If disclosure is compelled or permitted, in the event of my patient's death, to the coroner in order to determine the cause of that patient's death.
13. As indicated above, I am permitted to contact a patient without a patient's prior authorization to provide appointment reminders or information about alternatives or other health-related benefits and services that may be of interest to a patient. My patients let me know where and by what means (e.g., telephone, letter, email, fax) they may be contacted.
14. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, including but limited to, audits, criminal or civil investigations, or licensure or disciplinary actions. The California Board of Behavioral Sciences, who license marriage and family therapists, is an example of a health oversight agency.
15. If disclosure is compelled by the U. S. Secretary of Health and Human Services to investigate or determine my compliance with privacy requirements under the federal regulations (the Privacy Rule).
16. If disclosure is otherwise specifically required by law.

**PLEASE NOTE:** The above list is not an exhaustive list, but informs my patients of most circumstances when disclosures without a patient's written authorization may be made. Other uses and disclosures will generally (but not always) be made only with patient written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without a patient's written authorization. Uses or disclosures made with a patient's written authorization will be limited in scope to the information specified in the authorization form, which must identify the information in a specific and meaningful fashion.

A patient may revoke his or her written authorization at any time, provided that the revocation is in writing and except to the extent that I have taken action in reliance on that written authorization. A patient's right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for that patient. If California law protects a patient's confidentiality or privacy more than the federal Privacy Rule does, or if California law gives a patient greater rights than the federal rule does with respect to access to your records, I will abide by California law.

In general, uses or disclosures by me of patient personal health information (without a patient's authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when I request a patient's personal health information from another health care provider, health plan or health care clearinghouse, I will make an effort to limit the information requested to the minimum

necessary to accomplish the intended purpose of the request.

As mentioned above, in the section dealing with uses or disclosures for treatment purposes, the minimum necessary standard does not apply to disclosures to or requests by a health care provider for treatment purposes because health care providers need complete access to information in order to provide quality care.

### **Patient Rights Regarding Protected Health Information**

1. Patients have the right to request restrictions on certain uses and disclosures of protected health information about themselves, such as those necessary to carry out treatment, payment, or health care operations. I am not required to agree to such requested restriction. If I do agree, I will maintain a written record of the agreed upon restriction.
2. Patients have the right to receive confidential communications of protected health information from me by alternative means or at alternative locations.
3. Patients have the right to inspect and copy protected health information about themselves by making a specific request to do so in writing. I will respond within 30 days of receiving the written request. This right to inspect and copy is not absolute. Under certain circumstances, I may feel that I must deny the request, I will provide you with reasons, in writing. I am permitted to deny access for specified reasons. For instance, my patients do not have this right of access with respect to my psychotherapy notes a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individuals medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
4. Patients have the right to amend protected health information in my records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute. In other words, I am permitted to deny the requested amendment for specified reasons. Patients also have the right, subject to limitations, to provide me with a written addendum with respect to any item or statement in my records that the patient believes to be incorrect or incomplete and to have the addendum become a part of that patient's record.
5. Patients have the right to receive an accounting from me of the disclosures of protected health information made by me in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, I am permitted to deny the request for specified reasons. For instance, I do not have to account for disclosures made in order to carry out my own treatment, payment or health care operations. I also do not have to account for disclosures of protected health information that are made with a patient's written authorization, since a patient has a right to receive a copy of any such

authorization he or she might sign.

6. Patients have the right to obtain a paper copy of this notice from me upon request.

**PLEASE NOTE:** In order to avoid confusion or misunderstanding, I ask that if a patient wishes to exercise any of the rights enumerated above, that the patient puts his or her request in writing and deliver or send the writing to me. If a patient wishes to learn more detailed information about any of the above rights, or their limitations, please let me know. I am willing to discuss any of these matters with my patients. As mentioned elsewhere in this document, I am the Privacy Officer of this practice.

### **My Duties**

I am required by law to maintain the privacy and confidentiality of my patients' personal health information. This notice is intended to let my patients know of my legal duties, their rights, and my privacy practices with respect to such information. I am required to abide by the terms of the notice currently in effect. I reserve the right to change the terms of this notice and/or my privacy practices and to make the changes effective for all protected health information that I maintain, even if it was created or received prior to the effective date of the notice revision. If I make a revision to this notice, I will make the notice available at my office upon request on or after the effective date of the revision and I will post the revised notice in a clear and prominent location.

As the Privacy Officer of this practice, I have a duty to develop, implement and adopt clear privacy policies and procedures for my practice and I have done so. I am the individual who is responsible for assuring that these privacy policies and procedures are followed not only by me, but by any employees that work for me or that may work for me in the future. I have trained or will train any employees that may work for me so that they understand my privacy policies and procedures. In general, patient records and information are treated as confidential in my practice and are released to no one without the written authorization of the patient, except as indicated in this notice or except as may be otherwise permitted by law. Patient records are kept secured so that they are not readily available to those who do not need them.

Because I am the Contact Person of this practice, a patient may complain to me and to the Secretary of the U.S. Department of Health and Human Services if a patient believes his or her privacy rights may have been violated either by me or by those who are employed by me. A patient may file a complaint with me by simply providing me with a writing that specifies the manner in which he or she believes the violation occurred, the approximate date of such occurrence, and any details that he or she believes will be helpful to me.

My contact information is:

Jennie Gault, MFT  
2509 Capitol Ave., Ste 203  
Sacramento, CA 95816

Jennie Gault, MFT  
2509 Capitol Ave., Suite 203  
Sacramento, CA 95816  
(916) 532-4368

I will not retaliate against a patient in any way for filing a complaint with me or with the Secretary. Complaints to the Secretary must be filed in writing. A complaint to the Secretary can be sent to U.S Department of Health and Human Services. For California the contact information is:

Region IX, Office for Civil Rights,  
U.S. Department of Health and Human  
Services, 50 United Nations Plaza Room 322,  
San Francisco, CA 94102.

Phone (415) 437-8310 FAX (415) 437-8329 <http://www.hhs.gov/ocr/hipaahealth.txt>

If a patient in my practice needs further information or has questions related to this Notice or its contents, please feel free to contact me. As the Contact Person for this practice, I will do my best to answer my patient's questions and to provide him or her with additional information.

This notice first became effective on April 14, 2003.

Client's name \_\_\_\_\_ Date \_\_\_\_\_

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Or Parent is client is under 18 years-old)

Therapist's signature \_\_\_\_\_ Date \_\_\_\_\_