

# **Health Insurance Portability and Accountability Act (HIPAA) NOTICE OF PRIVACY PRACTICES**

## **INTRODUCTION**

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires mental health professionals to issue this official Notice of Privacy Practices. This notice describes how information about you is protected, the circumstances under which it may be used or disclosed and how you may gain access to this information. Please review it carefully.

For psychotherapy to be beneficial, it is important that you feel free to speak about personal matters, secure in the knowledge that the information you share will remain confidential. You have the right to the confidentiality of your medical and psychological information, and this practice is required by law to maintain the privacy of that information.

***I. 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.***

***II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).***

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I am required to provide you with this Notice about my privacy

procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and make a new copy of it available for you in my office and or on my website.

### ***III. HOW I MAY USE AND DISCLOSE YOUR PHI.***

I may use and or disclose your PHI for a variety of different reasons. Some of the uses or disclosures may require prior written authorization from you; others may not. Below you will find the different categories of my uses and disclosures.

#### **A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Which Do Not Require Your Consent.**

**1. Treatment.** I can use your PHI within my practice to provide you with mental health treatment. I may disclose your PHI to physicians, psychiatrists, psychologists, and or other licensed health care providers who are involved in your care. In the majority of cases, I would attempt to attain prior consent via a written release from you. However, in certain situations I am not legally obliged to do so.

**2. Obtaining payment for treatment.** I do not currently accept any insurance. However, if I decide to change this in the future, and you wish to utilize your insurance plan I may use and disclose your PHI to

bill and collect payment for the treatment and services I provided you. In this case, I may send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you.

**3. Health care operations.** I may disclose your PHI to facilitate the efficient and correct operation of 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. It may also be necessary for me to provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

## **B. Other PHI Disclosures Which Do Not Require Your Consent**

I can use and disclose your PHI without your consent or authorization for the following reasons:

- 1. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.**
- 2. If disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, if I have a reasonable suspicion of child abuse or neglect.**
- 3. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.**
- 4. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims. To avoid imminent harm of victims, I may provide PHI to law**

**enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public**

- 5. If you need emergency treatment, provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent, but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.**
- 6. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.**
- 7. If disclosure is required under the Patriot Act, in the interests of national security, assisting with intelligence operations, and or any federal, state, local law as determined by government agencies, judicial boards, administrative proceedings, or law enforcement.**
- 8. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
- 9. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- 10. If disclosure is compelled by the client's/patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.**
- 11. For specific government functions, such as PHI of military personnel and veterans under certain circumstances.**
- 12. For research purposes. In certain circumstances, I may provide**

anonymous PHI in order to conduct medical research.

13. **For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.**
14. **If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.**
15. **If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.**
16. **If disclosure is otherwise specifically required by law.**

#### **C. Disclosures Which Require You to Have the Opportunity to Object.**

**Disclosures to family, friends, or others.** I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

#### **D. Uses and Disclosures Which Require Your Prior Written**

**Authorization.** In any other situation not described in sections III A, B, and C above, I will request your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you may later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

#### ***IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI***

These are your rights with respect to your PHI:

**A. The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI or to get copies of it if you request it in writing. You will receive a response from me within 30 days of my receiving your written request. If you ask for copies of your PHI, I will charge you not more than \$.25 per page, plus my customary fee for such work (stated on my Informed Consent Contract), plus the cost of delivery, if applicable. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it in advance.

If I feel it would be detrimental to you in some way, I may deny your request. If this is the case, you are entitled to the reasons for my denial in writing.

**B. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will ask that it be made in writing and abide by it except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

**C. The Right to Choose How I Send Your PHI to You.** It is your right to ask that your PHI be sent to you at an alternate address. I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

**D. The Right to Get a List of the Disclosures I Have Made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list

include disclosures made for national security purposes, to corrections or law enforcement personnel. Disclosure records will be held for up to six years.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you based on my customary rate for each additional request.

**E. The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.

**F. The Right to Get A Copy of This Notice.** You have the right to request a paper copy or an e-mail copy of this Notice.

## ***V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES***

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

**VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES** If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at: Allison Nurse-Hofer, M.A., LMFT, 2730 Wilshire Blvd ste 650, Santa Monica, CA 90403, (310) 205-2655.

**VII. NOTIFICATIONS OF BREACHES** Most uses and disclosures of psychotherapy notes, marketing disclosures and sale of PHI do require prior authorization by you, and you have the right to be notified in case of a breach of unsecured PHI. In the case of such a breach, I am required to notify each affected individual whose unsecured PHI has been compromised and maintain supporting documentation of such, including documentation pertaining to the risk assessment.

**VIII. PHI AFTER DEATH**

In the case of death of a client/patient, the deceased client's/patient's PHI may be disclosed to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent

with any prior expressed preference of the deceased individual.

***IX. EFFECTIVE DATE OF THIS NOTICE***

This notice went into effect on April 14, 2003.

# RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that Allison Nurse-Hofer, M.A., LMFT has provided me with and I have received this Notice of Privacy Practices.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_