

Notice of Health Information Privacy Practices

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 and keep it for your records.

My responsibilities:

I am required by law to protect the privacy of your health information and to provide this notice to you. The law requires much of the language that is used in this document, and I apologize if you find it difficult to read. The Protected Health Information or PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health information, the provision of psychotherapy services to you, or the payment for such care. This Notice must explain when, why, and how I would use and/or disclose your PHI. With few 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. Before I make any important changes to my policies, I will change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me.

Uses and Disclosures Related to Treatment, Payment, or Health Care Operations That Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

For 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.

To obtain payment for treatment – I may use and disclose your PHI to bill and collect payment for the treatment of services I provided you: for example, billing your insurance.

For health care operations – I may disclose your PHI to facilitate the efficient and correct operation of my practice or to confirm compliance with applicable laws.

Other disclosures – Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after the treatment is rendered.

Other Uses and Disclosures That Do Not Require Your Consent. This list is a compilation of Federal and California Laws. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. **When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.** I may make a disclosure to the appropriate official when a

law requires me to report that information to government agencies, law enforcement personnel and or in an administrative proceeding. Example: about victims of abuse or neglect.

2. **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.**
3. **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.
4. **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.
5. **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.**
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. **For specific government functions.** Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security.
8. **I am permitted to contact you to provide appointment reminders or to inquire about missed sessions.**
9. **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.
10. **If disclosure is otherwise specifically required by law.**

Uses and Disclosures That 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.

Uses and Disclosures that Require Your Prior Written Authorization: In any other situation not described above, I will request your written authorization before using or disclosing your any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures.

The Rights You Have Regarding Your PHI

The Right to See and Get Copies of Your PHI – In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request that in writing. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies, there will be a per page charge. I may see fit to provide you with a summary instead.

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 put those limits in writing and abide by them 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.

The Right to Choose How I Send Your Confidential Information to You – It is your right to ask that your PHI be sent to you at an alternate address. The request must be made in writing, clearly stating the reasons.

The Right to Get a List of the Disclosures I have Made – You are entitled to a list of the 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, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for 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 (the first six year period being 2003-2009) 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 reasons for the disclosure.

The Right to Amend Your PHI – If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete; (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

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 Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. The toll free number is (800) 368-1019. If you file a complaint about my privacy practices, I will take no retaliatory action against you. If you have any questions or complaints, contact me at 10430 S. De Anza Blvd., Suite 110, Cupertino, CA 95014.

Effective Date of This Notice: This notice went into effect on April 14, 2003