



Insight Counseling Center

Christina M. Caro, PhD ❖ P.O. Box 7055, Mammoth Lakes, CA 93546 ❖ P: (408) 768-8636, F: (760) 934-7537

Notice of Privacy Practices For Protected Health Information

THIS NOTICE DESCRIBES NOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Effective date November 2013 – November 2014:

I. Legal duty to safeguard your protected health information (PHI).

The protection of your PHI is very important. 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 or condition, the provision of health care services to you, or the payment for such health care.

As a mental health professional I recognize that many of the things we discuss are sensitive, and because of this it is important that you are aware of how this information is used and may be revealed. This document contains a description about how your PHI is used and sometimes disclosed. As a healthcare professional covered under the federal “HIPAA” law I am required to give you this notice and to abide by its terms. (I reserve the right to change the terms of this notice, and if that happens I will provide you with an updated copy with the changes.)

II. Uses and Disclosures of PHI:

In general, the communications between a patient and psychologist are confidential and protected by law and I can only release your protected health information with your permission, or under certain legally defined circumstances. This section and the other intake documents you received discuss those circumstances. When I make a disclosure, I will always try to **limit the information that I reveal**. In general, I will try to disclose only the amount necessary.

In any other situation not described below, I will request your written authorization before using or disclosing 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 (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

A. Use and disclosure for purposes of treatment, payment, and health operations.

I can use or disclose information for the purposes of treatment, payment, and health care operations. An example of a disclosure for treatment purposes is one where I discuss your treatment/evaluation with your physician or mental health care providers to coordinate our services.

To implement the 2013 HITECH Act, the Privacy Rule is amended such that I am required to restrict the disclosure of PHI about you to a health plan, upon request, if the disclosure is for the purpose of carrying out *payment* or *healthcare operations* and is not otherwise required by law. The PHI must pertain solely to a plan covered healthcare item or service you have received.

B. *Situations where consent is not required*

There are a number of situations where I am allowed to disclose PHI without your consent or authorization. Below is a list of the most common circumstances.

- 1) When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- 2) If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
- 3) If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
- 4) **To avoid harm. 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 (i.e., adverse reaction to meds).**
- 5) **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.**
- 6) **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.**
- 7) **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.**
- 8) **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.**
- 9) 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.
- 10) For health oversight activities. Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
- 11) 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, such as protecting the President of the United States or assisting with intelligence operations.
- 12) For research purposes. In certain circumstances, I may provide 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) Appointment reminders and health related benefits or services. Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.

- 15) If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- 16) 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.
- 17) If disclosure is otherwise specifically required by law.

Again, when I make disclosures for these purposes, I will disclose only the information necessary. Any additional disclosures will be made only with your written authorization and you can revoke that authorization at any time.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

I may provide your PHI to a family member, friend, or other individual who you indicate is/are 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.

III. Your Individual Rights:

A. The Right to Request Limits or Restrictions 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.

B. 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 it in writing. You will receive a response from me within 5 days of my receiving your written request. If you want a copy of your protected health information, I will charge you a \$.25/per page fee for providing you with these copies. As of August 2013, I am required to provide a copy of PHI to any individual patient requesting it in *electronic form*. The electronic format must be provided to you if it is readily producible. I am not required to allow patients direct access to the electronic health record systems.

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. Finally, I may choose to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as the cost, in advance.

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 (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). As of 2013 you also have the right to direct me to

transmit an electronic copy of PHI to an entity or person designated by you. 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 have a right to receive an accounting of most of the disclosures of your protected health information that have occurred in the last six years. 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 or to corrections or law enforcement personnel.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. 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 cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

E. 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.

F. Right to Alternative Forms of Communication

If you wish to receive communications from me by alternative means (such as billing at a different address) you have the right to make reasonable requests. This is especially true if my usual means of communicating with you could endanger you or someone else. If you want to make such a request, please do so in writing and we will discuss how it would work and if it would be possible for me to agree to your request.

G. The Right to Get This Notice by Email.

You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

IV. Right to Lodge A Complaint about Disclosure

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 CA Department of Consumer Affairs at the address 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.

California Department of Consumer Affairs
Board of Psychology
2005 Evergreen Street
Suite 1400
Sacramento, CA 95825

V. Notification of Breaches

This practice utilizes a HIPAA compliant web-based electronic healthcare system. There are no other clinicians who will have access to this password secured service. However, this service includes monitoring of information breaches. If there is an unintended breach of information, for example the web-based service is hacked into, I am required to notify each affected individual whose unsecured PHI has been compromised.

VI. PHI After Death

Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. I may disclose deceased individuals' PHI 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.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION, AGREE TO ITS TERMS, AND HAVE RECEIVED A COPY.

Client Name: _____

Signed: _____

Parent signature if client is child: _____

Date: _____