

HIPAA NOTICE OF PRIVACY PRACTICES

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 YOUR CLINICIAN'S DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law your Clinician is required to insure that your PHI is kept private. The PHI constitutes information created or noted by your Clinician 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. Your Clinician is required to provide you with this Notice about their privacy procedures. This Notice must explain when, why, and how your Clinician would use and/or disclose your PHI. Use of PHI means when your Clinician share, apply, utilize, examine, or analyze information within their practice; PHI is disclosed when your Clinician release, transfer, give, or otherwise reveal it to a third party outside of their practice. With some exceptions, your Clinician 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, your Clinician is always legally required to follow the privacy practices described in this Notice.

Please note that your Clinician reserves 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 your Clinician. Before your Clinician makes any important changes to their policies, your Clinician will immediately change this Notice and post a new copy of it in the office and on the website. You may also request a copy of this Notice from your Clinician, or you can view a copy of it in the office.

Please keep in mind that your Clinician cannot protect any information that is transmitted via email, cell phone, text or other electronic device. Your Clinician cannot prevent you from communicating with him or her via these devices NOR can your Clinician insure that you have complete confidentiality in these situations. Please note that all records are stored in a secure location. Please also note that your Clinician's devices all have passwords and security measures in place to protect your confidential information.

III. HOW YOUR CLINICIAN WILL USE AND DISCLOSE YOUR PHI.

Your Clinician will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

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

1. For treatment. Your Clinician can use your PHI within the practice to provide you with mental health treatment, including discussing or sharing your PHI with trainees and interns. Your Clinician 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, Your Clinician may disclose your PHI to her/ him in order to coordinate your care.

2. For health care operations. Your Clinician may disclose your PHI to facilitate the efficient and correct operation of the practice. Examples: Your Clinician may also provide your PHI to his or her attorneys, accountants, consultants, and others to make sure that your Clinician is in compliance with applicable laws.

3. To obtain payment for treatment. Your Clinician may use and disclose your PHI to bill and collect payment for the treatment and services your Clinician provided you. Example: Your Clinician might send your PHI to your insurance company or health plan in order to get payment for the health care services that your Clinician provided to you. Your Clinician could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for their office.

4. Other disclosures. Examples: Your consent isn't required if you need emergency treatment provided that your Clinician attempts to get your consent after treatment is rendered. In the event that your Clinician tries to get your consent but you are unable to communicate with your Clinician (for example, if you are unconscious or in severe pain) but your Clinician thinks that you would consent to such treatment if you could, your Clinician may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. your Clinician 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.** Example: Your Clinician 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. **If disclosure is compelled by the patient or the patient's representative pursuant to Health and Safety Codes or to corresponding federal statutes or regulations,** such as the Privacy Rule that requires this Notice.

5. **To avoid harm.** Your Clinician 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).

6. **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 your Clinician determines that disclosure is necessary to prevent the threatened danger.**
7. **If disclosure is mandated by the Child Abuse and Neglect Reporting law.** For example, if your Clinician has a reasonable suspicion of child abuse or neglect.
8. **If disclosure is mandated by the Elder/Dependent Adult Abuse Reporting law.** For example, if your Clinician has reasonable suspicion of elder abuse or dependent adult abuse.
9. **If disclosure is compelled or permitted by the fact that you tell your Clinician of a serious/ imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
10. **For public health activities.** Example: In the event of your death, if a disclosure is permitted or compelled, your Clinician may need to give the county coroner information about you.
11. **For health oversight activities.** Example: Your Clinician 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.
12. **For specific government functions.** Examples: Your Clinician may disclose PHI of military personnel and veterans under certain circumstances. Also, your Clinician may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
13. **For research purposes.** In certain circumstances, your Clinician may provide PHI in order to conduct medical research.
14. **For Workers' Compensation purposes.** Your Clinician may provide PHI in order to comply with Workers' Compensation laws.
15. **Appointment reminders and health related benefits or services.** Examples: Your Clinician may use PHI to provide appointment reminders. Your Clinician may use PHI to give you information about alternative treatment options, or other health care services or benefits your Clinician offers.
16. **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.
17. **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.
18. **If disclosure is otherwise specifically required by law.**

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

1. Disclosures to family, friends, or others. Your Clinician 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. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, your Clinician 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 your Clinician hasn't taken any action subsequent to the original authorization) of your PHI by your Clinician.

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 that is in your Clinician's possession, or to get copies of it; however, you must request it in writing and there may be an associated fee. You will receive a response from your Clinician within 30 days of your Clinician receiving your written request. Under certain circumstances, your Clinician may feel he or she must deny your request, but if your Clinician does, your Clinician will give you, in writing, the reasons for the denial. Your Clinician will also explain your right to have the denial reviewed. If you ask for copies of your PHI, your Clinician will charge you not more than \$.25 per page. Your Clinician may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that your Clinician limit how he or she uses and disclose your PHI. While your Clinician will consider your request, your Clinician is not legally bound to agree. If your Clinician does agree to your request, your Clinician 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 your Clinician is 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 (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). Your Clinician is obliged to agree to your request providing that your Clinician can give you the PHI, in the format you requested, without undue inconvenience. Your Clinician 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 your Clinician has 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 dis-

closures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

Your Clinician will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list your Clinicians 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. Your Clinician 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 your Clinician 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 receipt of your request. Your Clinician may deny your request, in writing, if he or she finds 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. Your Clinicians 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 your Clinician approves your request, he or she will make the change(s) to your PHI. Additionally, your Clinician 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. 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.

V. HOW TO COMPLAIN ABOUT YOUR CLINICIANS PRIVACY PRACTICES

If, in your opinion, your Clinician may have violated your privacy rights, or if you object to a decision your Clinician 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 your Clinicians privacy practices, your Clinician will take no retaliatory action against you.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT YOUR CLINICIANS PRIVACY PRACTICES

If you have any questions about this notice or any complaints about your Clinicians 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: **Vivian A. Shelton, Psy.D., LLC at 6723 Whittier Ave., Suite 207 in McLean, VA 22101**

VII. NOTIFICATIONS OF BREACHES

In the case of a breach, your Clinician requires to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, **your Clinician** is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, OCR must be notified in accordance with instructions posted on its website. **Your Clinician** bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

VIII 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. **Your Clinician** 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.

IX. Individuals' Right to Restrict Disclosures; Right of Access

To implement the 2013 HITECH Act, the Privacy Rule is amended **your Clinician** is required to restrict the disclosure of PHI about you, the patient, 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 healthcare item or service for which you have paid the covered entity in full. (OCR clarifies that the adopted provisions do not require that covered healthcare providers create separate medical records or otherwise segregate PHI subject to a restrict healthcare item or service; rather, providers need to employ a method to flag or note restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan.)

The 2013 Amendments also adopt the proposal in the interim rule requiring your Clinician, to provide you, the patient, 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. OCR clarifies that **your Clinician** must provide you only with an electronic copy of their PHI, not direct access to their electronic health record systems. The 2013 Amendments also give you the right to direct **your Clinician** to transmit an electronic copy of PHI to an entity or person designated by the you. Furthermore, the amendments restrict the fees that your Clinician may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

X. NPP

Your Clinician must contain a statement indicating that 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.

XI. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 10, 2018