

NOTICE OF PRIVACY PRACTICES

This notice describes how psychological and medical information about you may be used and disclosed, and how you can access this information. Please review this notice carefully.

I understand that the psychological and medical information you give me is highly personal, and I am committed to protecting this information. I am required by federal and state laws to handle this information in certain ways, and to give you this Notice of Privacy Practices and Psychologists' Policies. To comply with these laws, I ask that you read this Notice and then sign an acknowledgement form that states that you have been offered a copy of this Notice for your records. By law, I am allowed to use and disclose information about you for three purposes:

1. Treatment
2. Payment
3. Health care operations.

If any protected health care information (PHI, information in your health record that could identify you) is to be used for any other purpose, a written authorization from you will be required.

Uses and Disclosures

1. Treatment includes the provision, coordination, diagnosis, and management of your health care. This includes, for example, the coordination of care with your primary care physician, which might involve the disclosure of psychological information to your primary care physician or other health care providers in order to facilitate the care you receive.
2. Payment includes everything related to how I obtain reimbursement for your healthcare. This includes billing you directly, giving PHI to your insurance company (e.g., to file claims or complete treatment plans), or giving your name and information to a collection agency if you do not pay your bill after repeated attempts to collect payment have been made.
3. Health Care Operations are activities that relate to the performance of operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and coordination of care.

Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations only when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In other words,

when I am asked for information for reasons outside of treatment, payment, or health care operations, I will obtain signed authorization from you before releasing the information. I will also need to get your authorization before releasing psychotherapy notes; these are notes that are made about your conversation during counseling sessions and are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Serious Threat to Health or Safety:** If I believe that you or your child pose a clear and substantial risk of imminent serious harm to yourself or another person, I may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm.
- **Abuse or neglect of children, elderly, or other dependent adults:** If I suspect abuse or neglect of a child, elderly person, or dependent adult, I am required by law to report that knowledge or suspicion to the appropriate state authorities.
- **Judicial or Administrative Proceedings:** If you are involved in court proceedings and a request is made for PHI, I will not release such information without written authorization from you or a direct court order. I would discuss with you any direct court order before releasing any PHI.
- **Worker's Compensation:** If you file a worker's compensation claim, your records are likely to be requested. I would discuss this with you, and you would need to sign an authorization for me to release your information. Your claim is not likely to be considered without the release of your PHI.
- **Governmental Oversight:** The government can require release of PHI if it pertains to national security, public health, the military, a coroner or medical examiner, audits and civil, administrative or criminal investigations.

Please note: Your health information **does not** include progress notes and are therefore not subject to disclosure to an outside party.

Patient's Rights

- To receive confidential communications by alternative means and at alternative locations: For example, you might wish to be contacted only at your home, or only at your work; you might not want a family member to know that you are seeing a therapist. Upon your written request, I would send your bills or contact you at the location you choose.

Restrictions: You can request a restriction in the use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that I restrict disclosure of your health information to only certain individuals involved in your care or payment for your care, such as family members and friends. If you are referred to a physician or if I refer you to a physician for additional care, disclosure of your health information will most likely be made to that physician. I am not required to agree to a request not to do so; however, if I do agree, I am bound by this agreement except when required by law, in emergencies, or when

the information is necessary to treat you.

- To inspect or copy your health information: You have the right to inspect or obtain a copy of your PHI and psychotherapy notes in my mental health and billing records for as long as the PHI is maintained in the record. Fees are charged for copying of records following a set formula.
- To amend your health information: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I will add requested information to the record, but no information is deleted. If you request it, I will discuss the amendment process with you.
- To receive an accounting of disclosures of your PHI: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (see the section above entitled “Disclosures with Neither Consent nor Authorization). At your request, I will discuss with you the details of the accounting process.
- To receive a paper copy: You have the right to receive a paper copy of this notice upon your request.

If you have any questions regarding this notice or my health information privacy policies, please contact me at: salina@coreconnection@hush.com or (619) 343-2929. The effective date of this notice is day of signature.

You can provide an **electronic signature** OR print and sign this document and electronically send to me.

Patient Name _____ Date __/__/__

Signature _____