

Notice of Privacy Practices (Full)

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and the professional ethics of psychology. Because the rules are so complicated, some parts of this notice are very detailed. Please review it carefully. If you have any questions, please do not hesitate to ask.

Introduction

This notice will tell you how I handle your medical information, how I share it with other professionals and organizations, and how you can see it.

What does “Medical Information” mean?

Each time you visit this office or any doctor’s office, hospital, clinic, or health care provider, information is collected about you and your physical and mental health. It may include information about your past, present, or future health or conditions, or the tests and treatment you received from me or others, or about payment for health care. The information I collect from you is called Protected Health Information (PHI). This information goes into your medical or health care records.

The PHI I collect and keep is likely to include but is not limited to the following:

- *Your history:* Things that happened to you as a child; your school and work experiences; your marriage and other personal history
- *Reasons you came for treatment:* Your problems, complaints, symptoms, or needs
- *Diagnoses:* These are the medical terms for your problems/symptoms
- *A treatment plan:* This is a list of the treatments and other services that I think will best help you
- *Progress notes:* Each time you come in, I write down a few sentences about how you are doing, what I notice, and what you tell me.
- *Records* I get from others who treated/evaluated you
- *Psychological test scores, school records, and other reports*
- *Information about medication* you took or are taking
- *Legal matters*
- *Billing and insurance information*

How do I use PHI?

I use PHI for many purposes. For example,

- To plan your care and treatment
- To decide how treatment is working
- When I talk with other health care professionals who are also treating you (i.e., family doctor or referring professional)
- To document that you actually received services from me, which I billed to you or to your health insurance company
- For teaching and training of other health care professionals
- For medical or psychological research
- For public health officials trying to improve health care in this area of the county
- To improve the way I do my job by measuring the results of our work

Although your health care record is my physical property, the information belongs to you. You can read your records, and if desired I can provide you with a copy (but I may charge you for the costs of copying and mailing). In some very rare circumstances, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask me to add information to your records. However, in some rare occasions I do not have to agree to do so. If you have questions about this I can explain this further during our next meeting.

What are the laws about Privacy?

I am required to tell you about privacy because of a federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me to keep your PHI private and give you this notice about my legal duties and my privacy practices. I will obey the rules described in this notice and if I change my privacy practices it will apply to all the PHI I keep.

How will PHI be used and shared?

The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. When I use your PHI or disclose it to others, I will only share the minimum necessary, except in some special circumstances.

I will mainly use and disclose your PHI for routine purposes to provide for your care. For other uses, I must tell you about them and ask you to sign a written authorization form. However, the law also says there are some uses and disclosures that do not need your consent or authorization which I will describe below.

Uses and Disclosures WITH your consent

In almost all cases, I intend to use your PHI to (1) provide treatment, (2) arrange payment for services, or (3) other business functions called "health care operations." In other words, I need information about you and your condition to provide you with care. You must agree to let me collect the information, use it, and share it to care for you properly.

(1) For Treatment - I use your PHI to provide you with psychological treatments or services, which might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of my services. The following are some examples of how I may use and disclose your PHI for treatment.

- I may share your PHI with others who provide treatment to you.
 - o I am likely to share your information with your personal physician.
 - o If you are being treated by a team, I may share some of your PHI with the team members so that the services you receive will work best together. The other professionals will also enter their findings, the actions they took, and their plans into your medical record. That way we can all decide what treatments work best for you and make a collaborative treatment plan.
- I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them information about you and your conditions.
- I also consult regularly, and may ask others to cover emergencies during vacations. I will inform you of their names and contact information when applicable. They are also bound by the same laws relating to confidentiality as I am.
- If you receive future treatment from other professionals, I can also share your PHI with them.

(2) For Payment - I may use a billing program where I submit your name, insurance type, diagnosis, type of services provided, dates of services, and length of treatment. I may use this information to bill you, your insurance, or others.

I also may contact your insurance company to find out what your insurance covers and may disclose information about your diagnoses, treatments you received, and the changes I expect. I will need to tell them about when we met, your progress, and other similar pieces of information.

(3) For Health Care Operations - Using or disclosing your PHI for health care operations goes beyond my care and your payment. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some governmental health agencies so they can study disorders and treatment and make plans for

services that are needed. If I do, your name and personal information will be removed from what I send.

Other uses include:

- *Appointments* – I may use and disclose your PHI to schedule/reschedule/cancel your appointments. Please let me know if you want me to call or write to you at a specific number, or if you another preferred way to be reached. I usually can accommodate your preference.
- *Treatment Alternatives* – I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you
- *Other benefits and services* – I may use and disclose your PHI to tell you about health related benefits or services that may be of interest to you.
- *Business Associates* – I hire other business to do some jobs for me. The law identifies them as my “business associates.” Examples include a copy service to make copies of your health records, and a billing service to figure out print and mail service bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have signed a contract and agreed to safeguard your information.

What uses and disclosures require authorization?

If I want to use your information for any purpose besides those described above, I will need your written permission through an *Authorization Form*. I do not expect to need this very often. If you do allow me to use or disclose your PHI, you may cancel that permission in writing at any time. I would then stop using and disclosing your information but would be unable to retract any information that I already disclosed or used with your permission.

What uses and disclosures DO NOT require your consent or authorization?

The law allows me to use and disclose some of your PHI *without* your consent or authorization in a few cases. Here are some examples:

- When required by law:
 - o I have to report suspected child abuse, elder abuse, or dependent adult abuse. If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process.
 - o In situations like these I may have to release some of your PHI. I will only do so after trying to inform you about the request, consulting your lawyer, or trying to get a court order to protect the information requested.
 - o I have to disclose some information to the governmental agencies that check on me to see that I am obeying the privacy laws.
- For law enforcement purposes
 - o I may release PHI if required to do so by a law enforcement official. Typically, I am not required to release PHI to police, unless court-ordered to do so. Also in rare occasions, if after meeting with you I believe that you are at imminent risk of harming yourself or someone else (or someone’s property) I am required to release PHI in order to prevent a crime.
- For public health activities
 - o I may disclose some of your PHI to agencies that investigate diseases or injuries
- Relating to decedents
 - o I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.
- For specific government functions
 - o I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment.
 - o I may disclose your PHI to workers’ compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

- To prevent a serious threat to health or safety
 - o If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to persons who can prevent the danger.

Uses and disclosures where you have an opportunity to object

I can share some information about you with your family or close others. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

If it is an emergency and I cannot ask if you disagree, I can share information if I believe that it is what you would have wanted, and if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you do not approve I will stop, as long as it is not against the law.

An account of disclosures

I may keep some records of whom I sent PHI to, when I sent it, and what was sent. You may receive an accounting (a list) of many of these disclosures.

Your rights concerning your health information

- You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
- You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I will honor your request except when it is against the law, or in an emergency, or when the information is necessary to treat you.
- You have the right to look at the health information I have about you, such as your mental health and billing records. You can get a copy of these records, but it may take time to process that request.
- If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to my office. You must also tell me the reasons you want to make the changes.
- You have the right to a copy of this notice. If I change this notice, I will provide you with a new one.
- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.
- You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

If you have questions or problems

If you need more information or have questions about the privacy practices described above, please contact Dr. Catherine Chan at (925)822-3238. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, you have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. I promise that I will not in any way limit your care here or take any actions against you if you file a complaint.

The effective date of this notice is June 30, 2017.