

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 this document carefully.

II. It is my legal duty to safeguard your Protected Health Information (PHI) and ensure that it is kept private. PHI includes information created or noted by me or other health providers that can be used to identify you, including your name and address, health conditions, diagnostic codes, treatment codes, dates of service, and payment for health care. I am required to provide you with this Notice about privacy procedures. This Notice must explain when, why, and how I would use or disclose your PHI. Use of PHI refers to when I share, apply, utilize, examine, or analyze information within my scope of practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside of my practice. With some 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 as permitted or required by law. Any changes will apply to PHI already on file. Before I make any important changes to my policies, I will change this Notice and post a new copy of it on my website, www.cbtchico.com. You may also request a copy of this Notice.

III. HOW I WILL USE AND DISCLOSE YOUR PHI

I may need to 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

I may use and disclose your PHI without your consent for the following reasons:

1. For treatment. I may use your PHI within my practice to provide you with mental health treatment. This may involve discussing or sharing your PHI with trainees, interns, or other health care providers in my practice. Disclosures of PHI to coordinate care with your health care providers outside of my practice, such as physicians, psychiatrists, or psychologists, requires your written authorization.

2. For health care operations. I may disclose your PHI to facilitate the efficient and correct operation of my practice. I may use your PHI in the evaluation of the quality of health care services that you have received. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

3. To obtain payment for treatment. I may use and disclose your PHI to your insurance company or health plan to bill and collect payment for the treatment and services provided. I could also provide your PHI to business associates, such as billing companies, claims processing companies, accounting services, and others that process health care claims for my office.

4. Patient incapacitation or emergency. I may disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent is not required if you need emergency

treatment, provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate (i.e., if you are unconscious or in severe pain) but I believe that you would consent to such treatment if you could, I may disclose your PHI.

B. Other Uses and Disclosures That Do Not Require Authorization

- 1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement.**
- 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 California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.**
- 5. 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.
- 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 it is determined that disclosure is necessary to prevent the threatened danger.**
- 7. If disclosure is mandated by the California Child Abuse and Neglect Reporting law.** I will disclose PHI if I have a reasonable suspicion of child abuse or neglect.
- 8. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law.** I will disclose PHI if I have a reasonable suspicion of elder abuse or dependent adult abuse.
- 9. 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.**
- 10. For public health activities.** In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
- 11. For health oversight activities.** 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.
- 12. For specific government functions.** I may disclose PHI of military personnel and veterans under certain circumstances. I may also 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, I may provide PHI to conduct research.
- 14. For compliance with workers' compensation laws.**
- 15. If an arbitrator or arbitration panel compels disclosure** when arbitration is lawfully requested by either party, pursuant to subpoena duces tecum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- 16. I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.**
- 17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** I will disclose PHI when compelled by the 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

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.

D. Other Uses and Disclosures Require Your Prior Written Authorization

In any other situation not described in Sections IIIA, IIIB, and IIIC above, 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 have not taken any action subsequent to the original authorization) of your PHI.

IV. YOUR RIGHTS REGARDING YOUR PHI

A. Right to Inspect and Copy. Your treatment is documented in two ways. The clinical record includes (find this out) your intake assessment, dates of therapy sessions, diagnoses, therapeutic goals, treatment plan, progress notes, and reports to your insurance carrier. Psychotherapy notes are kept by some providers to document specific content therapy conversations. They are maintained separately from your clinical record in order to maximize privacy and security.

You have the right to inspect and receive a copy of your clinical record. Viewing your record is best done during a professional consultation, rather than on your own, to clarify any questions you may have at the time. You may be charged a nominal fee for accessing and photocopying the record. Psychotherapy notes are not disclosed to third parties, HMOs, insurance companies, billing agencies, or patients. They are for the use of the treating psychologist in tracking the many details of consultations that are too specific to be included in the clinical record.

B. The Right to Request Restrictions. You have the right to ask that I limit how I use and disclose your PHI. These requests must be in writing. I am not legally required to agree to the request and I cannot agree to limit uses or disclosures that are required by law. I will not use or release your protected health information for any purpose other than treatment, payment, health care operations, and other exceptions specified in this notice.

C. Right to Choose How I Send Your PHI to You. You have the right to request and receive confidential communications by alternative means and locations. For example, when I contact you regarding appointments or billing, you may wish to have your PHI sent to you at work rather than at home or through e-mail rather than postal mail. I will attempt to accommodate all reasonable requests.

D. Right to an Accounting of Disclosures to Third Parties. You are entitled to a list of disclosures of your PHI that I have made. This applies to disclosures other than those made for treatment, payment, or health care operations. You will most likely be aware of such disclosures, as you would have signed consent forms. A request for this list must be submitted to me in writing. Your request must state a time period that may not be longer than 6 years and may not include dates before you received services. I will respond to your request for an accounting of disclosures within 60 days.

E. Right to Amend. If you believe that there is an inaccuracy in your clinical record, you may submit a written request for correction. If the information is accurate, or if it has been provided by a third party, such as a previous therapist or physician, the request may be denied. In this case, you will receive an explanation in writing. You also have the right to make an addition to your record if you think it is incomplete. You will receive a response within 60 days of my receipt of your request.

F. Right to a Copy of This Notice. You have the right to request and receive an e-mail or paper copy of this Notice of Privacy Practices. An updated copy will also be posted on my website.

G. Right to File a Complaint. You have the right to file a complaint if you believe your privacy rights have been violated. You must do so in writing, and may address it directly to me or to the Secretary of the Department of Health and Human Services at 200 Independence Ave., S.W., Washington, D.C. 20201. You will not be penalized in any way for filing a complaint.

V. EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on April 15, 2003.

Revised 2/24/2017