

Notice of Privacy Practices

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.

1. My Responsibilities

I am responsible for safeguarding your health record and protected health information “PHI” based on federal and California law. I must provide you with this notice of my privacy practices and follow it with the terms currently in effect. This notice will tell you about the ways in which I may use and disclose health information about you. I will also describe your rights to health information I keep about you and describe certain obligations I have regarding use and disclosure of your health information. I will notify you if a breach of your PHI occurs and I will not disclose your PHI (other than as described below in this notice) without your written permission. Changes to This Notice: I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for your current health information and information received in the future. A copy of the notice currently in effect will be available on Simple Practice Client Portal or you will be provided with a copy at your next appointment.

2. How I May Use and Disclose Health Information About You

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

Treatment: I may use your PHI to provide or coordinate your treatment. This may include consulting with another licensed health care provider about your treatment, making referrals to other providers or mental health facilities, or sending you appointment reminders.

Payment: I may use and disclose your PHI to receive payment for the treatment services provided to you. This may include billing companies or giving information about you (such as diagnosis, date of service and type of service) to your health insurance plan so it will pay for your services.

Health Care Operations: I may use and disclose your PHI for operation of my practice. This may include sharing your PHI with third parties that perform various business activities (such as

Simple Practice) or with consultants and/or attorneys to make sure I am complying with applicable laws.

3. Situations That Do Not Require Your Authorization

Serious Threat to Health or Safety of Yourself or Others: In cases when you are involved in a life-threatening emergency, such as significant suicidal ideation or plan to hurt yourself, I will share PHI to emergency contacts, other providers or law enforcement to keep you safe. Under California law, if you or a family member disclose that you have a plan and intent to harm an identifiable other or others (or if I have reason to suspect this), I will warn the identified other or others, notify law enforcement and will seek your hospitalization.

Judicial and administrative proceedings: If you are involved in a court proceeding and a request is made for your records, I will not release this information unless you have provided written authorization or unless a judge issues a court order. Disclosure may also be required as part of a legal proceeding by or against you. If you place your mental status at issue for litigation initiated by you, the defendant may have the right to obtain your records or testimony by me.

Federal and California Legal Requirements: I am mandated by California law to report suspected or reported child abuse or neglect, elder adult and dependent adult abuse or neglect. These may include an immediate report to Child Protective Services or Adult Protective Services.

To Coroners or Medical Examiners: When such individuals are performing duties authorized by law.

Workers' Compensation: I may disclose or provide PHI in order to comply with workers' compensation laws.

Specialized government functions: This may include ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

4. Situations Requiring Your Verbal Agreement

Individuals Involved in Your Care or Payment for Care: I may disclose PHI about you to a family member or friend who is involved in your care, unless you object in whole or in part. This may include a family member or friend who takes you to appointments or pays for services.

5. Situations Requiring your Written Authorization

For reasons other than what is described above, I will obtain your written permission or written "authorization." This includes disclosures of drug and alcohol abuse treatment, HIV and AIDS test results, and mental health treatment.

6. Your Rights Regarding PHI About You

You have the following rights regarding PHI I maintain about you. You may discuss with me these rights at any point throughout treatment.

Request a Restriction of Certain Uses and Disclosures of Your Information: This request must be in writing and I am not required to agree to your request. I will not agree to any requests if they will affect your quality of care or if I am unable to do so. If I agree to your request, I will comply with your request unless the information is needed to provide you with emergency treatment. This request would only apply to my practice, it will not extend to another provider's practice.

Inspect and Request a Copy of Your Health Record: These requests must be in writing and may include a reasonable cost-based fee for making copies of records. Inspection of records would be within 5 working days during business hours, and copies of records within 15 business days. I may deny your request under certain circumstances, for example if I feel within my clinical judgment that inspection or access of your records would be harmful to you. If I deny you access to your records, you may request that the denial be reviewed by another mental health clinician of my choosing. I will abide by the outcome of that review.

Request an Amendment to Your Health Record: You have the right to request an amendment to your health record if you believe this information is incorrect or missing. This request must be in writing and include a reason that supports it. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request. Please note that if I accept your request for amendment, I am not required to delete any information from your health record.

Obtain an Accounting of Disclosures to Others of Your Health Information: You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last 6 years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request. Request

Confidential Communications: You have the right to request that I communicate with you about your PHI in a certain way or at a certain location (for example that I contact you at work or by mail only). I will accommodate all requests that are reasonable based on the capabilities of my practice.

Revoke Your Authorization: You have the right to revoke your authorization for the use or disclosure of your PHI, in writing, at any time. If you revoke an authorization, I will no longer use or disclose that information. Please understand this will not apply to any disclosures I have already made based on the prior authorization.

Alexandra Poling, LCSW
LIC # 79809

Right to a Copy of This Notice: You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

7. Complain About My Privacy Practices

If you have any complaints or concerns about this notice or how I may handle your PHI, please contact me at 760-487-8474 or send me a written complaint to 2890 Pio Pico Drive Suite 104 Carlsbad, CA 92008. You may also make a complaint online at <https://ocrportal.hhs.gov> or send a written complaint to the Secretary of U.S Department of Human Services at 200 Independence Avenue S.W. Room 509F HHH Building Washington, D.C. 20201. I will not retaliate against you if you file a complaint about my privacy practices.

EFFECTIVE DATE OF THIS NOTICE: 10/10/17