

# Notice of Privacy Practices

Anna Parnes, Ph.D.

Licensed Psychologist, PSY#22827

518 Hamilton Ave, Palo Alto, CA 94301

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. (Effective Date 7/21/21).

If you have any questions about this notice please contact me at 650.285.2274, [anna@drannaparnes.com](mailto:anna@drannaparnes.com) (<mailto:anna@drannaparnes.com>) or 518 Hamilton Ave Palo Alto, CA 94301 .

### I. INTRODUCTION:

Your privacy, and the privacy of all who come to this office, is of the utmost importance to me. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by my mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. It also describes your rights regarding protected health information I keep about you, and states certain obligations I have to protect your protected health information. "Protected Health Information" (PHI) includes information that can be used to identify you that I've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care.

I am required by law to:

- Maintain the privacy and security of your PHI
- Give you this notice of my legal duties and privacy practices with respect to health information
- Follow the terms of the notice that is currently in effect

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request.

## II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

Although the majority of what is discussed in therapy is completely confidential and requires your authorization to release or disclose information to third parties, there are some important exceptions to confidentiality required by law that will be described in this section of this notice. Within this section, the following categories describe different ways that I may 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. Similarly, categories for which you can object will also be described in this section.

### *A. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS.*

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

1. For Treatment: I can use your PHI within my practice to provide you with mental health treatment. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another. Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care.

Although I am legally allowed to do so, unless it is an emergency situation, in my practice, I prefer to get your authorization prior to talking to other providers. In addition, when I participate in professional consultation to enhance my professional practice and your care, I do not disclose any of your identifying information.

2. To Obtain Payment for Treatment: I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I could send your PHI to your insurance company to make determination of eligibility for coverage for health insurance. I could also provide your PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.

3. For Health Care Operations: I can use and disclose your PHI to operate my practice. These uses are needed to run my practice and ensure you receive quality care. For example, I might use your PHI to evaluate the quality of health care services that you received and for other administrative activities. I may also provide your PHI to my accountant, attorney, consultants, or other business associates to further my health care operations.

4. For Health-Related Benefits and Services: I may use and disclose PHI to remind you about your appointments, or to give you information about treatment alternatives, other health care services, or other health care benefits that I offer that may be of interest to you

*B. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR CONSENT OR AUTHORIZATION.*

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. **Emergencies:** I may use and disclose your PHI in an emergency treatment situation. For example, I might provide your PHI to a paramedic who is transporting you in an ambulance. In addition, If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law I may disclose information without your permission. Such situations could include but are not limited to:
  - **Child Abuse Reporting:** If I have reason to suspect that a minor is being or has ever been abused or neglected, I am required by law to report the matter immediately to the California Department of Social Services and/or the police.
  - If I am informed of a person who knowingly develops, duplicates, prints, downloads, streams, accesses through electronic or digital media, or exchanges a film, photograph, video or other pictorial depiction in which a child is engaged in an act of obscene sexual conduct, I am required to report this information to the police.
  - **Adult Abuse Reporting:** If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by law to immediately make a report and provide relevant information to the California Department of Adult Protective Services.
3. For public health activities requiring disclosure including, by way of example, reporting an adverse reaction to a medication, or reporting information to public health authorities for the purposes of preventing or controlling disease.
4. To avert a serious threat to health or safety: I may use and disclose your PHI when needed to prevent serious and imminent threat to your health or safety or to the health or safety of another person or the public. In these circumstances, I will only disclose PHI to someone who is able to prevent or reduce the threat to safety.
5. For health oversight activities, including audits and investigations: For example, I may have to provide information about you to a health oversight agency to assist the government in conducting an investigation or inspection of a health care provider or organization.
6. For legal, judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so. I may also be required to disclose PHI about you or your child without your permission in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.

8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition. My practice is not currently involved in any research; however, if research is conducted through this practice in the future, I would inform you of the nature of the research. In such an event, you would have an opportunity to read and review an Informed Consent describing the research study thoroughly, and ultimately have the opportunity to accept or decline participation. You would never be obliged to participate in a research project, and your choice to decline research involvement would not affect your treatment in any way.
9. Specialized government functions, including, 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.
10. For workers' compensation purposes: Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. Military and Veterans: If you are a member of the armed forces, I may disclose your PHI as required by military command authorities. I may also disclose your PHI for purposes of determining eligibility for benefits by the Department of Veterans Affairs. If you are a member of a foreign military service, I may disclose your PHI to that foreign military authority.
12. If you are an inmate of a correctional institution or under the custody of a law enforcement official, I may disclose your PHI to the correctional institution or law enforcement official.
13. If you are an organ donor, I can share health information about you with organ procurement organizations.

*C. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.*

Disclosures to family, friends, or others involved in your care: I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

**III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

Except as otherwise described in this Notice Of Privacy Practices or otherwise permitted under HIPAA, I will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures of your PHI by me. I will typically need your written authorization to

use or disclose your psychotherapy notes, which are notes about our conversations during therapy sessions. I may use and disclose such notes if needed in a few instances, such as to defend myself against legal proceedings initiated by you. As a psychotherapist, I will not use or disclose your PHI for marketing.

#### **IV. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

1. **The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. You also have the right to request that I restrict or limit disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests to me in writing. I will consider your requests, but I am not legally required to accept them. If I do accept your requests, I will abide by them, except in emergency situations.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full:** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You:** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI:** Other than "psychotherapy notes," in most instances, you have the right to get an electronic or paper copy of your medical record and other information that I have about you in the format you request it. In most cases, after receiving your written request, I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, and I may charge a reasonable, cost based fee for doing so. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. At your request, I will discuss with you the details of the request and denial process.
5. **The Right to Get a List of the Disclosures I Have Made:** 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 unless I notify you in writing prior to the expiration of the 60 day period why I am unable to respond with that time frame and will specify the date by which I will respond, which will not be later than 90 days after receipt of your request. Please make requests in writing and indicate the time frame for which you wish to receive information. The time period should not be longer than six years. 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.

6. **The Right to Correct or Update Your PHI:** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. If the information is accurate, provided by a third party (e.g. previous therapist), not part of my records, or not allowed to be disclosed, I may deny your request, and the information would remain unchanged.

7. **The Right to Get a Paper or Electronic Copy of this Notice:** You have the right to get a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you also have the right to request a paper copy of it at any time.

8. **The Right to Receive Notice of a Breach:** If your unsecured PHI is obtained, used or disclosed in a manner that is not permitted under the Privacy Rules, I must notify you of the breach within 60 days of the date I become aware of this breach. The exception to this requirement is if I determine that there is a low probability that your PHI has been compromised by the unauthorized disclosure. Unsecured PHI is considered PHI that has not been destroyed or encrypted.

## **V. SUBSTANCE ABUSE RECORDS**

Federal law and regulations protect confidentiality of records for individuals who have participated in treatment in a drug or alcohol abuse program. Apart from certain exceptions dictated by federal law,, your substance abuse treatment records cannot be shared without your written permission with people outside of a substance abuse program.

## **VI. COMPLAINTS**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, I encourage you to speak with me or contact me in writing at my mailing address (518 Hamilton Ave, Palo Alto, CA 94301) about your concerns or complaints. You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or calling 1-877-696-6775. I will take no retaliatory action against you if you file a complaint about my privacy practices.

## **VII. Effective Date, Restrictions and Changes to Privacy Policy:**

This notice will go into effect on July 21, 2021. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice. You can also request a copy of the current Notice of Privacy Practices from me at any time.

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If you have any questions about this Privacy Notice, please contact me (Anna Parnes, PhD; Phone: 650.285.2274; Email: anna@drannaparnes.com; Mailing Address: 518 Hamilton Ave, Palo Alto, CA 94301)

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***Acknowledgement of Receipt of Privacy Notice***

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

**BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**