NOTICE OF PRIVACY PRACTICE

Effective Date: 8/1/2013

To our clients: *We are required to give this notice to you under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how medical and mental health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.*

I. Uses and Disclosures of Protected Health Information

Your **Protected Health Information (PHI)** is any information about your past, present, or future physical or mental health conditions or treatment, or any other information that could identify you.

The following categories describe different ways that we may use and disclose PHI.

- **Treatment:** providing, coordinating, or managing your health care and other services related to your health care. For example, we may consult with another health care provider, such as your referring physician.
- **Payment:** obtaining reimbursement for your health care. For example, we may disclose your PHI to your health insurer to obtain payment for your health care, or to determine your insurance eligibility or coverage.
- **Health Care Operations:** activities that relate to the performance and operation of our practice. For example, we may disclose your PHI for quality assessment and improvement activities, and business-related matters such as audits and administrative services).

II. Uses and Disclosures Requiring Authorization

Outside of routine treatment, payment, and health care operations, we will not release your PHI unless you sign an Authorization Form authorizing specific disclosure.

We would also need to obtain your authorization before releasing your Psychotherapy Notes (notes your therapist has made about your conversations during private, group, joint, or family counseling session), which may be kept separate from the rest of your medical record. These notes are given a greater degree of protection than other PHI.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have already released information based on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- Child Abuse: If we have reasonable cause to believe that a child has suffered abuse or neglect, we are required by law to report it to the proper law enforcement authorities.

- Adult and Domestic Abuse: If we have reasonable cause to believe that abandonment, abuse, financial exploitation, sexual or physical assault or neglect of a vulnerable adult has occurred, we must immediately report it to the appropriate authorities.

- Health Oversight: If the State Department of Health subpoenas us as part of its investigations, hearings, or proceedings related to the discipline, issuance, or denial of licensure to us, we must comply. This could include disclosing your relevant mental health information.

- Judicial or Administrative Proceedings: If you are involved in a court proceeding, we will release information only with the written authorization of you/your legal representative, or a subpoena of which you have been notified, or a court order. (This does not apply when you are being evaluated for a third party or for the court).

- Serious Threat to Health or Safety: We may disclose your mental health information to any person without authorization if we reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

- Worker's Compensation: If you file a worker's compensation claim, we must make all mental health information in our possession that is relevant to the injury available to your employer, your representative, and the Department of Labor and Industries upon their request.

IV. Patient's Rights

- **Right to Request Restrictions:** You have the right to request restrictions on specific uses and/or disclosures of your PHI. However, we are not required to agree to a restriction you request.

- **Right to Receive Confidential Communications by Alternative Means at Alternative Locations:** You have the right to request and receive confidential communications by alternative means and at alternative locations (for example, you may request that we contact you only at home or only by mail).

- **Right to Inspect and Copy:** You have the right to inspect and/or obtain a copy of PHI and Psychotherapy Notes in our mental health and billing records. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed.

- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request if we believe the original information is accurate.

- **Right to an Accounting of Disclosures:** You have the right to receive a list of the disclosures that our office has made of your PHI. Some exceptions do apply.

V. Our Duties

- We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices with respect to PHI.

- We reserve the right to change the privacy policies and practices described in this Notice. Unless we notify you by mail of changes, we are required to abide by the terms in this Notice.

VI. Questions or Complaints

If you have any questions about this Notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, please contact our office for further information. If you believe your privacy rights have been violated and wish to file a complaint with your office, you may send your complaint to our office.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, or the appropriate administrative office. We can provide you with the appropriate address upon request.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I understand that, under the Health Insurance Portability & Accountability Act (HIPAA) of 1996, I have certain rights to privacy regarding my protected health information. I acknowledge that I have received a copy of the Notice of Privacy Practices maintained by Central Valley Neuropsychology.

_____ _____

Patient Signature Date

_____

Print Name

For office use only:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices; however, acknowledgement could not be obtained due to:

☐ Patient refusal to sign

☐ Other (specify): _____