

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.

Privacy is a very important concern for all those who come to this office and who work here. It is also complicated, because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, I will help you understand such procedures and your rights.

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A. Introduction: For clients

This notice explains how your health information is handled, how this information is *used* here in this office, how it is *disclosed* (shared) with other health care professionals and organizations, and how you can see it. I want you to know this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask me.

B. What is meant by your health information

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. The information may be about your past, present, or future health or conditions, or tests or treatment you received from me or others, or about payment for health care. All this information is called "PHI," which stands for "protected health information" which means its privacy must be protected. This information goes into your mental health care record in our office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Early developmental history, family history, social history, educational history, and medical

history of problems and treatments.

- Reason(s) for seeking treatment: Problems, complaints, symptoms, or needs.
- Diagnoses: Medical terms for your problems or symptoms.
- A treatment plan: This is a list of treatments and/or other services that I think will best help you.
- Progress notes: Each time you come in, a note will be written about how you are doing, what is noticed about you, and what you share.
- Records received from others who have treated you or evaluated you.
- Psychological test scores, school records, and other evaluations and/or reports.
- Information about medications you have taken or are taking.
- Legal matters.
- Billing and insurance information

There may be other kinds of information that go into your health care record as PHI is used for many purposes. For example, it may be used:

- To plan your care and treatment.
- To decide how well treatments are working for you.
- When consulting with other health care professionals who are also treating you, such as a family doctor or the professional who referred you to me. Before this occurs, I will ask for your consent. Almost always, you will be asked to sign a release-of-information (ROI) form, which will explain what information is to be shared and why.
- For teaching and/or training other health care professionals. If this occurs, your name will never be shown, and there will be no way to identify you. Before doing this, however, I will ask for your consent and signed authorization, so that you will know what information will be shared and why.
- To show that you actually received services that were billed to you or to your health insurance company.

When you understand what is in your record and what it is used for, you can make better decisions about what, when, and why other persons or agencies should have this information.

C. Privacy and the laws about privacy

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Omnibus Final Rule of 2013, as well as several state laws governing health information privacy, such as the Lanterman-Petris-Short Act. HIPAA requires us to keep your PHI private and to give you this notice regarding my legal duties and privacy practices.

This form is not legal advice. It is just to educate you about your rights and my procedures. It is based on current federal and state laws and might change if those laws or court decisions change. If my privacy practices change, they will apply to all the PHI that I keep and I will post the new Notice of Privacy Practices in my office where everyone can see. You or anyone else can also get a copy at any time. It is also posted on my website at www.AndreaHindesPsychologist.com

D. How your protected health information (PHI) can be used and shared

Except under special circumstances, when your PHI is disclosed to others, only the *minimum necessary* PHI needed for those other people to do their jobs is shared. The laws give you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. Here is more information about what is done with your information:

It is primarily used here and disclosed (shared) for routine purposes as part of providing care. I will explain more about this below. For other uses, I must tell you about them and ask you to sign a written Release of Information form. However, the HIPAA law also says that there are some uses and disclosures that don't need your consent or authorization which is explained below in section 3. However, in most cases I will explain the PHI and who it will go to and ask you to agree to this by signing a ROI form.

1. Uses and disclosures with your consent

I need information about you and your condition to provide care to you. In almost all cases, I intend to use your PHI

here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called “health care operations.” You have to agree to let me use and share your PHI in the ways that are described in this Notice of Privacy Practices. To agree, I will ask you to sign a separate consent form before I begin to treat you. If you do not consent to this, I will not treat you because there is a risk of not helping you if I don’t have some information.

a. The basic uses and disclosures: For treatment, payment, and health care operations

For treatment. Your information is used to provide you with psychological treatment or service which may include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services.

If I want to share your PHI with a professional outside this office, I will need your permission on a signed ROI form. For example, if I refer you to another professional for services I cannot provide, I will need to tell them things about you and your conditions. Their feedback will go into your record here. If you receive treatment in the future from other professionals, I may share your PHI with them if you have given your permission by signing a ROI form. This is so that you will know what information is being shared and with whom. Below are some examples so you can see how I use and disclose your PHI for treatment.

For payment. Your information may be used to bill you, your insurance, or others, in order to receive payment for treatments provided to you. I may contact your insurance company to find out exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and changes I expect in your case. I may have to tell them about when we met, your progress, and other similar things. Insurers may also look into a few of my patient records to evaluate the completeness of my record keeping.

b. Other uses and disclosures in health care

Appointment reminders. I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you prefer that reminders are sent to your home or work only, or you prefer some other way to reach you, please let me know.

Other benefits and services. We 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 may hire other businesses to do some jobs for me. In the law, they are called our “business associates.” Examples include a copy service to make copies of your health records, or a billing service to figure out, print, and mail bills. These business associates need some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contracts with me to safeguard your information just as I do.

2. Uses and disclosures that require your consent

To use your information for any other purpose than described above, I will need your permission on a ROI form. If you allow me to use or disclose your PHI and then change your mind, you can cancel this permission in writing at any time. I will then stop using or disclosing your information for that purpose. Of course, I cannot take back information that has already been used or disclosed with your permission.

As a psychologist licensed in California, and as a member of the California Psychological Association (CPA) and American Psychological Association (APA), I maintain your privacy more carefully than is required by HIPAA. HIPAA rules are described below but I will almost always discuss them with you and ask you to sign a ROI so you are fully informed.

3. Uses and disclosures that don’t require your consent or authorization

HIPAA laws allow for the use and disclosure of some of your PHI without getting your consent or authorization in some cases. Here are some examples of when this may occur. I will almost always notify you if any of these situations occur.

a. When required by law

There are some federal and state local laws that require PHI disclosure:

- I have to report suspected abuse or neglect of children or elders to a state agency.
- If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after telling you about the request and will suggest that you talk to your lawyer.
- I have to disclose information to government agencies that check to see privacy laws are obeyed and to

organizations that review work for quality and efficiency.

b. For law enforcement purposes

I may release health information if asked to do so by a law enforcement official to investigate a crime or criminal.

c. For specific government functions

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. 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.

d. To prevent a serious threat to health or safety

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 to those people who can prevent the danger.

If it is an emergency, and I am unable to get your agreement, I can disclose information if I believe that it is what you would want and if I believe it will help you. When I do share information in an emergency, I will tell you as soon as I can. If you don't approve, I will stop, as long as it is not against the law.

4. An accounting of disclosures that have been made

When I disclose your PHI, I will keep a record of whom it was sent to, when it was sent, and what was sent. You can get an accounting (a list) of many of these disclosures for a reasonable fee if you request more than one accounting in any 12-month period. If the records were sent as electronic medical records, I will always record that, and there will be no charge for an accounting.

E. Your rights about your protected health information

1. You can request communications 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 to be called at home, rather than at work, to schedule or cancel an appointment. I will try my best to do as you ask. Sending your information in emails has some risk that the emails could be read by someone else. A password-protected email service to prevent this may be set up in the future. I just ask that you be thoughtful before you put any information in an email and not use email for anything you want kept private. By signing the Electronic Communications Policy form, you agree to this use of email. Please note that anything you send electronically becomes a part of your health record, even if I do not place it in the chart. Please be mindful of this and please do not forward emails from third parties or others in your life. It is better to print those out and bring them in to discuss.
2. You have the right to ask that information shared with people involved in your care or the payment of your care is limited, such as to family members and friends. This request can be made in person and I may ask for your written permission. Although I don't have to agree to your request, if I do agree, I will honor it except when it is against the law, when there is an emergency, or when the information is necessary to treat you.
3. Unless I am under contract with your insurer (on their panel of providers), you have the right to prevent the sharing of your PHI with your insurer or payer for its decisions about your benefits or some other uses if you are paying me directly or "out of pocket" and are not asking the insurer to pay for those services.
4. You have the right to look at the PHI I have about you, such as your medical and billing records. In some very unusual circumstances, if there is very strong evidence that reading this would cause serious harm to you or someone else, you may not be able to see all of the information.
5. You can get a copy of these records, but I may charge you a reasonable cost-based fee. Generally, it is not recommended that you get a copy of your records because the copy may be seen accidentally by others. I am happy to review the records with you or provide a summary to you.
6. You have the right to amend your records to explain or correct anything in them. If you believe that the information in your records is incorrect or missing something important, you can ask that an addition be made to your records or include your own written statements to correct the situation. You have to make this request in writing.
7. You have the right to a copy of this notice. If this notice is changed, the new one will be posted in my office and you can always get a copy.
8. If you have concern with how your PHI has been handled, or if you believe your privacy rights have been violated, please communicate this to me and I will do my best to resolve any problems. You have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201, or by calling 202-619-0257.

9. Your care with me will not be limited and no actions against you will be taken if you complain or request changes.

F. If you have questions or problems

If you have any questions or concern with our health information privacy policies, please let me know.

The effective date of this notice is 4/4/2018.