**HIPAA 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 IT.**

**II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

Since April 14, 2003, certain responsibilities are required regarding information due to Congressional enactment of HIPAA, the Health Insurance Portability and Accountability Act. HIPAA regulations set uniform national standards for anyone receiving, handling, and safeguarding a person’s individually identifiable information. Individually identifiable information about your past, present or future health or condition, the provision of health care to you or payment for the health care is considered “Protected Health Information” (PHI) result of your treatment, our billing and payment, and other related health care operations. HIPAA gives you specific rights of control and access to you PHI. 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.

**III. HOW I WILL USE AND DISCLOSE YOUR PHI.**

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your 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 that Do Not Require Your Prior Written Consent.** I may use and disclose your PHI without your consent for the following reasons:

**1. For treatment:** I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you or have provided you with health care services or are otherwise involved in your care. Example: If a psychologist is treating you, I may disclose your PHI to him/her in order to coordinate your care.

**2. For health care operations:** I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control – I might 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 bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get your claim processed for the health care services that I have provided you.

**4. Other disclosures:** Examples: Your consent isn’t 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 with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.

**B. Certain other uses and disclosures that Do Not Require Your Consent:** I may use and/or disclose your PHI without your consent or authorization for the following reasons:

**1. When disclosure is requird by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement.** Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.

**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 a mental of emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.**

**7. If disclosure is mandated by the California Child Abuse and Neglect Reporting law.** For example, if I have a reasonable suspicion of child abuse or neglect.

**8. If disclosure is mandated by California Elder/Dependent Adult Abuse Reporting law.** For example, 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 by you against a reasonably identifiable victim or victims.**

**10. For public health activities.** Example: 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.** Example: 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 function.** Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.

**13. For Workers’ Compensation purposes.** I may provide PHI in order to comply with Workers’ Compensation laws.

**14. If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

**15. 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.**

**16. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** Example: When compelled by the U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.

**17. If disclosure is otherwise specifically required by law.**

**C. Certain Uses and Disclosures that require you to have the opportunity to Object.**

**1. 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 that 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 haven’t taken any action subsequent to the original authorization) of your PHI by me.

**IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

These are your rights with respect to your PHI:

**A. The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI that is in my possession, or get copies of it; however, you must request it in writing. You will receive a response from me within 30 days of my receiving your written request. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. Upon your request, I will discuss with you the details of the request and denial process.

**B.** **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

**C. The Right to Choose How I Send Your PHI to You.** It is your right to ask tht your PHI be sent to you at an alternative address (for example, sending information to your work address rather than your home address) or by an alternative method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience.