



DISCOVER, GROW, HEAL.....

## *Discover Healthy Ways to Navigate Stressful Times....*

**Collins Psychological Therapy & Consulting, Inc.**  
**5190 Governor Dr., Suite 104**  
**San Diego, California 92122**  
**858-536-8985**  
**[www.mindfultherapydoc.com](http://www.mindfultherapydoc.com)**

### **HIPPA 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 CAREFULLY.**

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

By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health services to you, or the payment for such health care. I am required to provide you, as the client, with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information related to you; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party. 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 privacy practices described in this notice.

Please note that I reserves the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with my practice. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also receive a copy of this Notice.

**II. 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 prior authorization; others, however, will not. Below you will find the different categories of our uses and disclosures, with some examples.

**A. Uses and Disclosures Related to Treatment, Payment or Health Care Operations Which Do Not Require Your Written Consent.** I may use and disclose your PHI without your consent for the following reasons:

- 1. For Health Care Operations.** I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control- I may use your PHI in the evaluation of the quality of health care services you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to our attorneys, accountants, consultants and others to make sure that we are in compliance with applicable laws.
- 2. To obtain payment for treatment.** I may use and disclose your PHI to bill and collect payment for treatment and services provided to you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I provide to you. I could also provide your PHI to business associates, such as billing departments/companies, claims processing departments/companies, and others that process health care claims for our agency.
- 3. Other Disclosures.** Example: Your consent is not 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 and are unable to communicate with you 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 required by federal, state, or local law; judicial, board, or administrative procedures; 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 government 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 your 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 mental or 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 the California Elder/Dependent 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 tells staff of a serious/imminent threat of physical violence by you against a reasonable 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 functions.** Examples: I may disclose your 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 your PHI in order to comply with Worker's Compensation laws.
14. **Appointment reminders and health related benefits or services.** Examples: I may use your PHI to provide appointment reminders. I may use your PHI to give you information about alternative treatment options, or other health care services or benefits that we offer.
15. **If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g. a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.**
16. **If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess our compliance with HIPPA regulations.
17. **If disclosure is otherwise specifically required by law.**

**C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

1. **Disclosure 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 payment of your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

**D. Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in Sections IIIA, IIIB, and IIIC above, we 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 we haven't taken any action subsequent to the original authorization) of your PHI by our staff.

### III. WHAT RIGHTS YOU HAVE REGARDING 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 to get copies of it; however, you must request it in writing. If I do not have your PHI, but know who does, I will advise you how you can get it. You will receive a response from me within 30 days of receiving your written request. Under certain circumstances, I may feel that I must deny your request, but if I do, I will give you, in writing, the reason for the denial. I will also explain your right to have our denial reviewed. If you ask for copies of your PHI, I will charge you not more than \$.25 per page. I may provide you with a summary or explanation of your PHI, but only if you agree to it, as well as to the cost, in advance.

**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 uses and disclosures that I am legally required or permitted to make.

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

**D. The Right to Get a List of the Disclosures We Have Made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the date of disclosure, to whom your PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case we will charge you a reasonable sum based on a set fee for each additional request.

**E. The Right to Amend Your PHI.** If you believe that there is an error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. I may deny your request, in writing, if I find that: your PHI is a) correct and complete, b) forbidden to be disclosed, c) not part of my records, or d) written by someone other than myself. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to future disclosures of your PHI. If I approve your request, I will make the change (s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change (s) to your PHI.

**F. The Right to Get This Notice by Email.** You have the right to get this notice by email. You have the right to receive/request a paper copy of it, as well.

**IV. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If in your opinion, I may have violated your privacy rights, or if you object to a decision I have made about your access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington D.C. 20201. If you file a complaint about our privacy practices, we will take no retaliatory action against you.

**V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Dr. Linda Collins, 5190 Governor Dr., Suite 104 San Diego, CA 92122.

**VI. EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on April 14, 2003.

I (We) acknowledge receipt of this notice.

Name \_\_\_\_\_  
*(Please Print)*

DATED THIS: Month \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*