



Clinical Psychologist

## **HIPAA**

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

"PHI" (Protected Health Information) refers to individually identifiable health information. PHI includes any identifiable health information received or created by this office or myself. "Health information" is information in any form that relates to any past, present, or future health of an individual. Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist. Payment is when reimbursement is obtained for your healthcare. Health Care Operations are activities that relate to the performance and operation of my practice. "Use" applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. "Disclosure" applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

### **II. Authorization for Uses and Disclosures of PHI**

I may use or disclose confidential information (including but not limited to PHI) for various purposes (i.e. treatment, payment, and health care operations). For some of these uses or disclosures, I will need your prior authorization; for others, however, I do not. I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI.

Certain uses and disclosures that do not require your consent include but are not limited to the following: when disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement; for public health activities; in emergency treatment; to avoid harm; for workers' compensation purposes; for appointment reminders and health related benefits or services; and for specific government functions.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied 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. Patient's Rights and Psychologist's Duties**

#### **Patient's Rights:**

**Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. I will consider your request, however, I am not legally required to accept it.

**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request how you receive information. (For example, sending information to your

work address rather than your home address or by email instead of regular mail.) I must agree to your request, as long as I can provide the PHI to you in the format you requested.

**Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

**Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

**Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

**Right to an Electronic Copy** – You have the right to obtain a copy of this notice by email, even if you have agreed to receive this paper copy.

**Psychologist's Duties:**

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will post these in my office and mail you a copy if reasonably possible when information is requested from your file.

**IV. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Dr. Andrea G. Gurney at (805) 565-6057. If you believe that your privacy rights have been violated and wish to file a complaint with me you may send your written complaint to Andrea G. Gurney, Ph.D at PO Box 23311 Santa Barbara, CA 93121. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

**V. Effective Date of this Privacy Policy**

This notice went into effect on April 14, 2003.



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I, \_\_\_\_\_, have been made aware of the HIPAA Privacy Procedures and Policies.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date