

Notice of Privacy Practices

Under The Health Insurance Portability And Accountability Act (HIPAA) Privacy Rule

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

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 only with your consent. "PHI" refers to information in your health record that could identify you.

"Treatment, Payment and Health Care Operations"

Treatment is when I provide, coordinate or manage your health care and other services related to your health care.

Payment is when I obtain reimbursement 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 practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations with your appropriate authorization. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures obtained from you before releasing this information.

If I keep additional "Psychotherapy Notes" about our individual, group, couples, or family counseling session, for my own use separate from the rest of your medical record, I will also need to obtain an authorization before releasing these. These notes are given a greater degree of protection than PHI.

You may revoke all authorizations (of PHI or psychotherapy notes) at any time, provided revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) 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 without Consent or Authorization

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

Child Abuse: If I, in my professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon them which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, I must immediately report such condition to the appropriate governmental authorities.

Adult and Domestic Abuse: If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, I must immediately make a report to the appropriate governmental authorities.

Health Oversight: The Board of Registration of Psychologists has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis, treatment and the records thereof, such information is privileged under state law and I will not release information without written authorization from you or your legally-appointed representative, or a court order. Privilege does not apply when you are the subject of a court-ordered evaluation. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: If you communicate an explicit threat to kill or inflict serious bodily injury upon an identified person and you have apparent intent and ability to carry out the threat, I must take reasonable precautions. These precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. I must also take reasonable precautions as listed above if I know you have a history of physical violence and I believe there is a

clear and present danger that you will attempt to kill or inflict bodily injury upon an identifiable person.

Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact family members or other individuals if it would assist in protecting you. **Worker's Compensation:** If you file a workers' compensation claim, your records relevant to that claim will not be confidential to entities such as your employer and the insurer.

IV. Patient's Rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of PHI about you. However, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records 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 a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

V. 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 provide you with a revised notice by mail or hand delivery.

VI. 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, please contact me.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me at C. Girvani Leerer, Ph.D., P.O. Box 2956, Berkeley, CA 94702. You may also send a written complaint to the Secretary, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

You have specific rights under the HIPAA Privacy Rule. I will not retaliate against you for exercising your right to file a complaint about my privacy practices.

VI. Effective Date, Restrictions, Changes to Privacy Policy

This notice initially went into effect on April 14, 2003, and was revised October 19, 2011.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI I maintain. I will provide you with a revised notice by mail or hand delivery.

