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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 CAREFULLY.

II. IT IS YOUR THERAPIST'S LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

By law, your therapist is required to ensure that your PHI is kept private. The PHI constitutes information created or noted by us that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. Your therapist is required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how we would use and/or disclose your PHI. PHI is disclosed when your therapist releases, transfers, gives, or otherwise reveals it to a third party. With some exceptions, your therapist 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, your therapist always legally required to follow the privacy practices described in this Notice.

Please note that your therapist reserves the right to change the terms of this Notice and privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with your therapist. Before your therapist makes any important changes to policies, this Notice will immediately be changed and provide a new copy of it.

III. HOW YOUR PHI MAY BE USED OR DISCLOSED

Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of uses and disclosures, with some examples.

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

- 1. For treatment.** Your therapist may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, your therapist may disclose your PHI to her/him in order to coordinate your care.
- 3. To obtain payment for treatment.** Your therapist may use and disclose your PHI to bill and collect payment for treatment, such as billing companies, claims processing companies, and others that process health care claims.
- 4. Other disclosures.** Examples: Your consent isn't required if you need emergency treatment provided that your therapist attempts to get your consent after treatment is rendered. In the event that your therapist tries to get your consent but you are unable to communicate (for example, if you are unconscious or in severe pain) but your therapist thinks that you would consent to such treatment if you could, your therapist may disclose your PHI.
- 5. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.** Example: your therapist may make a disclosure to the appropriate officials when a law requires her to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- 6. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
- 7. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- 8. 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.
- 9. To avoid harm.** your therapist 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 (i.e., adverse reaction to meds).
- 10. 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 your therapist determines that disclosure is necessary to prevent the threatened danger.**
- 11. If disclosure is mandated by the California Child Abuse and Neglect Reporting law.** For example, if your therapist has a reasonable suspicion of child abuse or neglect.
- 12. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law.** For example, if we have a reasonable suspicion of elder abuse or dependent adult abuse.
- 13. If disclosure is compelled or permitted by the fact that you tell your therapist of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
- 14. For public health activities.** Example: In the event of your death, if a disclosure is permitted or compelled, your therapist may need to give the county coroner information about you.

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15. For health oversight activities. Example: your therapist 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.

16. For specific government functions. Examples: your therapist may disclose PHI of military personnel and veterans under certain circumstances. Also, your therapist may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.

17. For research purposes. In certain circumstances, your therapist may provide PHI in order to conduct medical research.

18. For Workers' Compensation purposes. Your therapist may provide PHI in order to comply with Workers' Compensation laws.

19. Appointment reminders and health related benefits or services. Examples: your therapist may use PHI to provide appointment reminders. your therapist may use PHI to give you information about alternative treatment options.

20. 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.

21. 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 your therapist's compliance with HIPAA regulations.

22. If disclosure is otherwise specifically required by law.

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

1. Disclosures to family, friends, or others. your therapist 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 Require Your Prior Written Authorization. In any other situation not described above, your therapist 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 your therapist.

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 your therapist's possession, or to get copies of it; however, you must request it in writing. Under certain circumstances, your therapist may feel she must deny your request, but if she does, she will give you, in writing, the reasons for the denial. Your therapist will also explain your right to have the denial reviewed.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that your therapist limits how she uses and discloses your PHI. While she will consider your request, she is not legally bound to agree. If your therapist does agree to your request, she 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 your therapist is legally required or permitted to make.

C. The Right to Choose How Your Therapist Sends Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). Your therapist are obliged to agree to your request providing that she can give you the PHI, in the format you requested, without undue inconvenience. Your therapist may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

D. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that your therapist corrects the existing information or adds the missing information. Your request and the reason for the request must be made in writing. Your therapist may deny your request, in writing, if we find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of your therapist's records, or (d) written by someone other than your therapist. Your therapist's 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 your therapist's denial be attached to any future disclosures of your PHI. If your therapist approves your request, she will make the change(s) to your PHI. Additionally, she will tell you that the changes have been made, and she will advise all others who need to

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know about the change(s) to your PHI.

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

V. HOW TO COMPLAIN ABOUT PRIVACY PRACTICES. If, in your opinion, your therapist may have violated your privacy rights, or if you object to a decision she made about access to your PHI, you are entitled to file a complaint with 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 the privacy practices, your therapist will take no retaliatory action against you.

VI. NOTIFICATIONS OF BREACHES. In the case of a breach, your therapist will notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, your therapist is ultimately responsible for providing the notification directly or via the business associate. Your therapist bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

VII. PHI AFTER DEATH. Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. Your therapist may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

VIII. INDIVIDUALS' RIGHT TO RESTRICT DISCLOSURES; RIGHT OF ACCESS. To implement the 2013 HITECH Act, the Privacy Rule is amended. Your therapist is required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full. (OCR clarifies that the adopted provisions do not require that covered healthcare providers create separate medical records or otherwise segregate PHI subject to a restrict healthcare item or service; rather, providers need to employ a method to flag or note restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan.)

The 2013 Amendments also adopt the proposal in the interim rule requiring your therapist to provide you, the patient, a copy of PHI if you, the patient, requests it in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that your therapist must provide you only with an electronic copy of their PHI, not direct access to their electronic health record systems. The 2013 Amendments also give you the right to direct your therapist to transmit an electronic copy of PHI to an entity or person designated by you. Furthermore, the amendments restrict the fees that your therapist may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

IX. NOTICE OF PRIVACY PRACTICES (NPP). Your therapist's NPP must contain a statement indicating that most uses and disclosures of psychotherapy notes, marketing disclosures and sale of PHI do require prior authorization by you, and you have the right to be notified in case of a breach of unsecured PHI.

X. EFFECTIVE DATE OF THIS NOTICE. This notice went into effect on Jan. 30, 2013.

I acknowledge receiving of a copy of the Notice of Privacy Practices.

Client/Guardian Signature

Date

Printed Client Name