

Notice of Privacy Practices

Effective Date 4/14/2007

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.

My Responsibilities

I am required by law to protect the privacy of your personal health information, or information that can be identified with you, called “protected health information” (PHI). I, and any business associates, will comply with the regulations and procedures of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I must give you this notice of my privacy practices concerning PHI, and follow the terms of the notice in effect. This means that I must:

- Protect PHI that I have created or received about your present, past or future health condition, care I provide to you, or payment for your care.
- Notify you about how I protect your PHI.
- Explain how and in what circumstances I use and/or disclose your PHI.

This Notice describes the types of uses and disclosures that I may make. I reserve the right to change the terms of this notice. If I do, I will post the revised notice in my office, and will make a copy of the revised notice available upon request.

How Your PHI May Be Used and Disclosed Without Your Authorization

Treatment. Your PHI may be used and disclosed to provide, coordinate, or manage your health care and any related services. This may include communicating with other treatment providers to coordinate and manage your treatment. For example, I may use and disclose PHI if you are seeing a psychiatrist or group therapist, or if I refer you to another treatment provider.

Payment. Your PHI may be used and disclosed to bill for services provided, and to obtain payment from you, an insurance company, a third party, or a collection agency. Before you receive scheduled services, I may share information with your health plan in order to ask for coverage under your plan or policy and for approval before I provide services. I may also share necessary information with billing services.

Health Care Operations. Your PHI may be used or disclosed in performing business activities, or “health care operations”. These include business management and administrative activities related to the services I provide, cooperating with outside organizations that assess the quality of the care I provide, assisting people who review my activities such as accountants or lawyers, and compliance with this Notice and other applicable laws. I may disclose PHI about you for the health care operations of other providers involved in your care to improve the quality, efficiency and costs of their care or to evaluate and improve the performance of their providers.

Special circumstances that do not require your authorization

I may use and/or disclose PHI about you for circumstances in which you do not have to consent or give authorization, including the use and/or disclosure of your PHI related to:

Federal, state, or local law, or other judicial or administrative proceedings. I may disclose PHI when required by federal, state, or local law.

Public health activities. I may disclose PHI if you have been exposed to a communicable disease, or are at risk of contracting or spreading a disease or condition.

Victims of abuse, neglect or domestic violence. I may disclose PHI to report child or adult abuse or neglect.

Health oversight activities. I may disclose PHI to state or federal health oversight agencies which oversee my operations, including audits, investigations, and licensure.

Judicial and administrative proceedings. I may disclose PHI in response to a court or administrative order, or in response to a subpoena, discovery request by someone else involved in a legal dispute with you.

Law enforcement purposes. If asked by law enforcement, I may disclose PHI in order to comply with laws. These may include emergency situations, reporting a crime, or locating a suspect, fugitive, material witness, or missing person.

Coroners, medical examiners, or mortuaries. I may disclose PHI to a coroner, medical examiner, or mortuary for the purposes of identifying a deceased person or to determine the cause of death.

Organ, eye or tissue donation purposes.

Research. I may disclose PHI about you for research purposes, when permitted by law.

Threats to public health or safety. I may disclose PHI to prevent or control a threat to the health or safety of you, another person, or the public.

Specialized government functions. I may disclose PHI if it relates to military and veterans' activities, national security and intelligence activities.

Correctional institutions and in other law enforcement situations. If you are an inmate of a correctional institution or in the custody of a law enforcement official, I may disclose PHI in order to provide you with health care, or to protect the health and safety of yourself and others.

Worker's Compensation. If you have a work-related injury I may disclose PHI about you to Worker's Compensation or other programs.

Situations Requiring Your Written Authorization

In order to disclose or use your information in a manner not identified above, I will get your written permission before doing so. You may revoke this permission in writing at any time. I will not be able to take back any disclosures already made. Some of the kinds of disclosures that require your permission include:

- Special Kinds of Treatment Information. Federal and state law typically require written authorization to disclose drug and alcohol abuse treatment, HIV and AIDS test results, and mental health treatment.
- Research: When including your treatment or records in a research study, I may disclose your information only with your written authorization.

Your Rights Regarding Your Information

You have the following rights regarding your PHI. You have the right to:

- A paper copy of this Notice of Privacy Practices upon request.
- Request restriction of certain uses and disclosures of your information. This request must be in writing. Please note that I am not required to agree to this restriction. If I agree with the request, I will comply unless the information is needed for emergency treatment.
- Inspect and request a copy of your health record. Your request for inspection or copies must be in writing. A reasonable fee for copies will be charged. I may deny your request if I believe it would be harmful to release the requested information to you.
- Request an amendment to your health record if you feel the information is incorrect or incomplete. Your request must be in writing and include information to explain why the information is inaccurate. I may deny this request if the information was not created by me, if it is not part of the information you are permitted to inspect or copy, or if the information is accurate and complete as stated. If your request for amendment is accepted I am not required to delete any information from your record.
- Obtain an accounting of disclosures to others of your health information. This accounting will include information about disclosures made for purposes other than treatment, payment, health care operations, or those you have authorized.

- Request confidential communications. You have the right to request that I communicate with you about your treatment in a certain way or at a certain location. For example, you may request that I only contact you at home or at a certain telephone number. I will accommodate all reasonable requests. Your request must be in writing and specify the means of communication requested.

- Complain about any aspect of my health information practices to me or to the United States Department of Health and Human Services. Complaints about this notice or how I handle your health information should be directed in writing to: Stephen White, Psy.D., 16496 Bernardo Center Drive #307, San Diego CA 92128. There will be no retaliation if you file a complaint with me. You may also submit a formal complaint in writing to the Secretary of the United States Department of Health and Human Services.

- Revoke your authorization. You have the right to revoke authorization for the use or disclosure of your PHI, not including action that has already been taken.

If you have any questions or requests about this document, please contact Stephen White, acting as Privacy Officer for the purposes of this document, at: 16496 Bernardo Center Drive #307, San Diego CA 92128