

ANNE THOMPSON, PH.D.
439 NORTH LARCHMONT BOULEVARD
LOS ANGELES, CALIFORNIA 90004
424.246.6275

NOTICE OF PRIVACY PRACTICES

I AM PROVIDING THIS NOTICE TO DESCRIBE HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY. IT OUTLINES HOW THE FEDERAL HEALTH PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) LEGISLATION AFFECTS HOW RECORDS ARE KEPT AND MANAGED.

The services you are receiving concern your psychological status, a private and intimate component of your life. Therefore, protecting your privacy is crucial. This notice explains how, when, and why I may use and/or disclose your records, which are known under the HIPAA legislation as “Protected Health Information” (PHI). Except in specified circumstances, I will not release your PHI to anyone, except for my supervisor. When disclosure is necessary under the law, I will only disclose the minimum amount of PHI necessary to accomplish the purpose of the use and/or disclosure.

My Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered “Protected Health Information” (PHI). Your PHI results from your treatment and payment and other related health care operations. I may also receive your PHI from other sources, with your signed release. You and your PHI receive certain protections under the law.

If you are receiving any type of psychotherapy service, your PHI is typically limited to basic billing information placed in a file in my office. Clinical notes taken about psychotherapy sessions are known as Psychotherapy Notes and are not part of your PHI. Except in unusual, emergency situations, such as child abuse, elder abuse, homicidal or suicidal intention, your PHI will only be released with your Specific Authorization.

How Your Protected Health Information May Be Used or Disclosed

In accordance with HIPAA and its Privacy Rule, I may use and/or disclose your PHI for a variety of reasons. Again, I will make efforts to prevent its dissemination. I am permitted to use and/or disclose your PHI for the purposes of treatment, the payment for services you receive, and for our normal health care operations. For most other uses and/or disclosures of your PHI, you will be asked to grant that I am permitted to make certain other specified uses and/or disclosures about your PHI. These consist of the following:

A. Uses and/or disclosures related to your treatment (T), the payment for services you receive (P), or our health care operations (O):

1. For treatment (T): I may use and/or disclose your PHI with supervisors, psychologists, psychiatrists, physicians, nurses, and other health care personnel

- involved in providing health care services to you—with your Specific Authorization. The only conceivable reason that a Specific Authorization might not be obtained would be in the care of an emergency.
2. For payment (P): I may use and/or disclose your PHI for billing and collection activities without your disclosure.
 3. For health care operations (O): I may use and/or disclose your PHI in the course of operating the various business functions of my office. For example, I may use and/or disclose your PHI so that an assistant can process billing or interface with a third party payor.

B. Use and/or disclosures not requiring your Authorization. The rule provides that I may use and/or disclose your PHI without your Authorization in the following circumstances:

1. When required by law: I may use and/or disclose your PHI when existing law requires that we report information including each of the following:
2. Reporting abuse, neglect or domestic violence: I may use and/or disclose your PHI of suspected victims of abuse, neglect, or domestic violence, including reporting the information to relevant agencies.
3. Judicial and/or administrative proceedings: I may use and/or disclose your PHI in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, and/or other lawful processes.
4. To avert a serious threat to health or safety: I may use and/or disclose your PHI in order to avert a serious threat to health or safety.

Your Rights Regarding Your Protected Health Information (PHI)

The HIPAA Privacy Rule grants you each of the following individual rights:

- A. The right to view and obtain copies of your PHI. In general, you have the right to view your PHI that is in my possession or to obtain copies of it. You must request it in writing. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may deny your request. If your request is denied, you will be given in writing the reasons for the denial. If you ask for copies of your PHI, I will charge you not more than \$.25 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree in advance to it, as well as to the cost that would be incurred.
- 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 the uses and disclosures that I am legally required or permitted to make.
- C. The right to get a list of the disclosures I 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 will respond to your request for

an accounting of disclosures within 60 days of receiving your request in writing. The list will include the date of the disclosure, to whom 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 I will charge you a reasonable sum based on a set fee for each additional request.

- D. The right to amend your PHI. If you believe that these are some errors in your PHI or that important information has been omitted, it is your right to request that I correct the existing information and/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 my receipt of your request. I may deny your request in writing if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reason(s) for the denial. If I approve your request, I will make the change(s) to your PHI and inform others who need to know of the change(s).

How to Make Complaints About Privacy Practices

If you believe that I may have violated your individual privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint by submitting 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. However, any complaint you file must be received by myself, or filed with the Secretary within 180 days of when you knew or should have known of when the act or omission occurred. I will take no retaliatory action against you if you make such complaints.

Effective Date: This notice is effective as of April 14, 2003.

I acknowledge receipt of this notice.

Patient Name: _____ Date: _____

Signature: _____