

Notice of Policies & Practices Concerning The Privacy of Your Protected Health Information

As psychologists, we are committed to protecting your privacy and confidentiality to the full extent of the law. This notice describes how psychological and medical information about you may be used and disclosed. It describes protections and limitations on your privacy and how you can be informed about the use and disclosure of your medical information. This notice conforms to the Federal Health Insurance Portability and Accountability Act (HIPAA) effective April 14, 2003. It also conforms to the health care privacy laws of California.

New federal and state laws require psychologists to insure the privacy of your Protected Health Information (PHI) record and to provide you with this Notice about The Psychological Trauma Support Center's privacy procedures. Protected Health Information (PHI) includes, but is not limited to, information about your therapy such as dates, diagnosis, medications, crisis risk, symptoms, test results, billing and treatment plans.

Under certain circumstances, federal and California state laws allow psychologists and health care workers to use or disclose your Protected Health Information (PSI) record for certain treatment, payment, and health care operation purposes *without* your authorization. If this happens, psychologists are to release the minimum amount of information possible. Disclosure of your PHI record without your authorization may include, but is not limited to, sending insurance billing, case management and/or care coordination with your insurance company or HMO, and consulting with your family physician, previous psychologists or psychiatrists.

It is important to note that this use and disclosure does not include any detailed written progress notes I may keep about our work together. Progress notes are separate records and are given more privacy and confidentiality protection by law.

Any request for your PHI record outside of treatment, payment and health care operations requires your written authorization except as noted in the following paragraphs. These are legal circumstances where a psychologist may use or disclose your PHI record without your written authorization or consent. These include the following situations listed below:

Child Abuse: Whenever I, as a psychologist, have knowledge of or observe a child that know or reasonably suspect has been the victim of child abuse or neglect, I must immediately report this to the appropriate agency, which may include the police, sheriff, welfare, probation or Child Protection Services. If I reasonably suspect or know that mental suffering has been inflicted upon a child or a child's emotional well-being is endangered, I may report this to one or more of the protective agencies.

Elder, Dependent Adult and Domestic Abuse: If, I, as a psychologist, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced any of the above, I must report this to local law enforcement or adult protective services.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I may not release any information without your written authorization or the authorization of

your attorney or personal representative. This privilege does not apply when there is a court order from a judge for your records. I will make reasonable effort to inform you in advance if this is the case. If I am served a subpoena to produce your records, I will make reasonable effort to contact you for your consultation and will only release records if ordered by a judge.

Health Oversight: If a complaint is filed against me with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.

Serious Threat to Health or Safety: If you communicate to me a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police or sheriff. If I have reasonable cause to believe that you are in such a condition as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.

Worker's Compensation: If you file a worker's compensation claim, I must furnish a report to your employer, incorporating my findings about your injury and treatment, within five working days from the date of your initial treatment after the filing, and at subsequent intervals as may be required by the administrative director of the Worker's Compensation Commission, in order to determine your eligibility for worker's compensation.

Public Health and National Security: A psychologist may be required to disclose PHI of military personnel and veterans under certain circumstances. Disclosure of PHI for any person may be required if directed by legal authorities in the interest of national security.

PATIENT'S RIGHTS AND PSYCHOLOGIST'S DUTIES

To protect your privacy as much as possible, you have certain rights regarding your Protected Health Information (PHI).

You have the right to request an accounting of disclosures of your Protected Health Information (PHI) record for which you have neither provided consent or authorization. You need to complete a request form, available from this office, to receive this information.

You have the right to request restrictions on certain uses and disclosures of your Protected Health Information (PHI) outside of treatment, payment and health care operation purposes. However, I am not required by law to agree to any such restrictions, unless a written agreement is signed by both parties.

You have the right to receive confidential communication about your PHI record by alternative means and at alternative locations. Please inform this office if you do not want phone calls or messages left at certain locations or mail sent to certain addresses.

You have the right to inspect and/or obtain a copy of your PHI and/or billing records for as long as I legally maintain the records. Under certain circumstances, a psychologist may deny access to these records and you have the right to have this decision reviewed.

You have the right to request an amendment of your PHI record for as long as I maintain your records. On your request I will discuss with you the details of the amendment process. Your request may be denied.

You have the right to a copy of this notice, either by paper copy, electronic mail or both.

To protect your privacy as much as possible, your psychologist has certain duties regarding your Protected Health Information (PHI).

The psychologist is required by law to maintain the privacy of PHI records and progress note records and to notify you as an active client of legal policies that may limit your privacy.

The psychologist is to have office and record keeping procedures that maximize your privacy. The psychologist is only to release the minimum amount of information necessary when required by federal or state law.

The psychologist may change privacy policies and practices described in this notice according to federal and state law, but must notify you as an active client of such changes.

If the psychologist revises any policies or procedures while you are an active client, you will be notified by mail at your designated mailing or e-mail address.

If you are concerned that your privacy rights have been violated or if you disagree with a decision made about access to your PHI records, you may contact the Department of Consumer Affairs, Board of Psychology, at 800-633-2322 or write to them at 1430 Howe Avenue, Sacramento, CA 95825. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services in Washington D.C.

This notice is effective on April 14, 2003. Please contact Christine Volker, Ph.D. at 916-812-3004 at any time if you have questions or concerns about your privacy and these policies.

The various forms mentioned in this notice are available from your psychologist.

I have read this notice and any questions or concerns I have about the privacy of my Protected Health Information (PHI) record have been discussed with me.

Signed: _____ Date: _____

Psychologist: _____ Date: _____