

Building Foundations Counseling Center, Inc.

A Professional Family Counseling Corporation

CALIFORNIA NOTICE FORM

Notice of Psychotherapist's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Disclosures for Treatment, Payment, and Health Care Operations:

We may use or disclose your protected health information (PHI), for certain treatment payment, and health care operations purposes without your authorization. In certain circumstances I can only do so when the person or business requesting your PHI gives us a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

* "PHI" refers to information in your health care record that could identify you.

* "Treatment and Payment Operations"

- *Treatment* is when we provide or another healthcare provider diagnoses or treats you. An example of treatment would be when we consult with another healthcare provider, such as your family physician or another psychotherapist, regarding your treatment.

- *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

- *Health Care Operations* is when we disclose your PHI to your health care service plan (for example your health insurer), or to your other health care providers contracting with your plan, for administering the plan, such as case management and care coordination.

* "Use" applies only to activities within our clinic, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

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

* "Authorization" means written permission for specific uses or disclosures.

II. Uses and Disclosures Requiring Authorization:

We may use or disclose PHI for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment and payment operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes therapist has made about your conversation during a private, group, joint or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke or modify all such authorizations of PHI or psychotherapy notes at any time; however, the revocation or modification is not effective until we receive it.

III. Uses and Disclosures with Neither Consent nor Authorization:

We may use or disclose PHI without your consent nor authorization in the following circumstances:

* Child Abuse: Whenever we, in our professional capacity, have knowledge of or observe a child we know or reasonably suspect, has been the victim of child abuse or neglect, we must immediately report such to a police department or sheriff's department, county probation department, or county welfare department. Also, if we have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well being is endangered in any other way, we may report such to the above agencies.

* Adult and Domestic Abuse: If we, in our professional capacity, 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 we are told by an elder or dependent adult that he or she has experienced these or if we reasonably suspect such, we must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.

We do not have to report such an incident if:

- 1) We have been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect AND
- 2) We are not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- 3) The elder or dependent adult has been diagnosed with a mental illness or dementia or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- 4) In the exercise of clinical judgment, we reasonably believe that the abuse did not occur.

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- * **Health Oversight:** If a complaint is filed against your therapist with the California Board of Behavioral Sciences, the Board has the authority to subpoena confidential mental health information for us relevant to that complaint.
- * **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services we have provided you, we must not release your information without 1) your written authorization or the authorization of your attorney, or personal representative; 2) a court; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides us with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified us that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. We will inform you in advance if this is the case.
- * **Serious Threat to Health or Safety:** If you communicate to us a serious threat of physical violence against an identifiable victim, we must make reasonable efforts to communicate that information to the potential victim and the police. If we have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, we may release relevant information as necessary to prevent the threatened danger.
- * **Worker's Compensation:** If you file a worker's compensation claim, we must furnish a report to your employer, incorporating your therapist's findings about your injury and treatment, within five working days from the date of your initial examination, 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.

IV. **Patient's rights and Psychotherapist's Duties:**

Patient's Rights:

- * **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are 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 being seen by a therapist. Upon your request, we 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 in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we 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. We may deny your request. On your request, we 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 or authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process. Certain types of disclosures are not subject to the accounting requirement. They are as follows:
 - 1) For treatment, payment and health care operations.
 - 2) Disclosures made with your authorization.
 - 3) Disclosures made to you.
 - 4) That are incidental to permitted or required uses or disclosures (e.g. a patient's name is called out in the waiting room and overheard by another person).
 - 5) That occurred prior to the compliance date for the psychotherapist.
 - 6) To correctional institutions or law enforcement officials.
 - 7) For national security or intelligence purposes.
- * **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Psychotherapist's Duties:

- * We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- * We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- * If we revise our policies and procedures, we will provide you with an updated notice at your next appointment following the revision. If you prefer to receive revisions via the U.S. Postal Service or email please let us know.

V. Professional Will: If in the event, during your treatment, your therapist becomes incapacitated for an extended period of time, or becomes unable to continue your treatment due to a serious accident, illness, or death, you will be contacted as soon as possible. If your therapist will not be able to return to work, arrangements will be made to assist you in transitioning your care to another provider.

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VI. Questions and Complaints: If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact your therapist or Suzanne Mell, LMFT, Executive Director (see contact information located at the bottom of this page). If you believe that your privacy rights have been violated and wish to file a complaint with this clinic, you may send your written complaint to Suzanne Mell, LMFT, Executive Director (See contact information below). You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue SW, Washington DC 20201.

VII. Effective Date and Changes to Privacy Policy: This notice will go into effect on April 14, 2003.

We reserve the right to change the terms of this notice to make the new notice provisions effect for all PHI we maintain. If this notice is revised, we will provide you with an updated notice at your next appointment following the revision. If you prefer to receive revisions via the U.S. Postal Service or email, please let us know.

By signing below, Patient (or Patient's Representative) acknowledges he/she: Has reviewed and fully understands the terms and conditions of this California Notice Form regarding your PHI. A signed copy will be provided to you for your records.

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Patient Name (please print)	
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Signature of Patient (if Patient is 12 or older)	Date
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Patient's Representative and Relationship to Patient (please print)	
<hr/>	<hr/>
Signature of Representative	Date
<hr/>	<hr/>
Patient's Representative and Relationship to Patient (please print)	
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Signature of Representative	Date