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Notice of Privacy Practices

The following paragraphs outline how the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) affects how records here are kept and managed. The services you are receiving here concern your psychological status, a most private and intimate component of your life. Therefore, protecting your privacy is of utmost importance. The ensuing paragraphs explain how, when and why I may use and/or disclose your records which are known under the HIPAA legislation as “Protected Health Information” (PHI). Your PHI consists of individually identifiable information about your past, present, or future health or condition and the provision of and payment for health care to you. If you are receiving any type of psychotherapy service, your PHI is typically limited to basic billing information and your treatment records, placed in a file in my office. I may also receive your PHI from other sources, i.e. other health care providers, attorneys, etc. Clinical notes taken after sessions are known as Psychotherapy Notes and are not part of your PHI. You and your PHI receive certain protections under the law. Except in specified circumstances, I will not release your PHI to anyone. When disclosure is necessary under the law, I will only use and/or disclose the minimum amount of your PHI necessary to accomplish the purpose of the use and/or disclosure.

HOW I MAY USE AND DISCLOSE YOUR PHI.

In accordance with the HIPAA act and its Privacy Rule (Rule), your PHI may be used and disclosed for a variety of reasons. These consist of the following:

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent

I may use and disclose your PHI without your consent for the following reasons:

- 1) **For treatment:** I might conceivably use and/or disclose your PHI to psychologists, psychiatrists, physicians, nurses, and other health care personnel involved in providing health care services to you. I will make every attempt to receive your specific Authorization prior to disclosing your PHI to these health care providers. However, a specific Authorization might not be obtained, nor is required in all cases, such as a medical emergency.
- 2) **For payment:** I may use and/or disclose your PHI for billing and collection activities (e.g., your insurance company) without your specific Authorization.
- 3) **For health care operations:** 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 to do third party or insurance billing without your Authorization.

B. Certain Other Uses and Disclosures Do Not Require Your Prior Written Consent

I may use and/or disclose your PHI without your consent or authorization for the following reasons:

- 1) **When required by law:** I may use and/or disclose your PHI when existing federal or state law requires that I report information

- 2) **Reporting abuse, neglect or domestic violence:** I may use and/or disclose your PHI in cases of suspected abuse, neglect, or domestic violence including reporting the information to social service agencies.
- 3) **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. For example, if I believed you were at imminent risk of harming a person or property, or of hurting yourself, I may disclose your PHI to prevent such an act from occurring.
- 4) **Legal proceedings:** I may disclose your PHI to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.
- 5) **Lawsuits and other legal actions:** In connection with lawsuits or other legal proceedings, I may disclose your PHI in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.
- 6) **Public health disclosures:** Disclosures to public health authorities are sometimes required by law to report certain diseases or adverse drug reactions

C. Other Uses and Disclosures Require You to Have the Opportunity to Object

Disclosures to Family, Friends, or Others. I 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.

D. Other Uses and Disclosures Require Your Prior Written Authorization.

For most other uses and/or disclosures of your PHI not covered by this notice or the laws that apply to me, you will be asked to grant your permission via a signed Authorization, which is a separate form. 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 of your PHI by me (assuming that I haven't taken any action subsequent to the original authorization).

YOUR INDIVIDUAL PRIVACY RIGHTS:

- A. The Right to Inspect and Copy.** 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. If you request inspection, I will make available your PHI for inspection within 5 working days of our receiving your written request. If you request copies, I will provide copies of your PHI within 15 days of our receiving your written request. Under certain circumstances, such as if I fear the information may be harmful to you, I may deny your request. If your request is denied, you will be given in writing the reasons for the denial. I will also explain your right to have my denial reviewed. 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.
- B. The Right to Request Restrictions.** You have the right to request a restriction or limitation on your PHI we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member who paid for your care. To request a restriction, you must make your request in writing. 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 Confidential Communications.** You have the right to request that I communicate with you about your PHI in a certain way or at a certain location. I will accommodate all reasonable requests.
- D. 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, e.g., those for treatment, payment, or health care operations. You must submit your request in writing. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years, including 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 fee for each additional request.
- E. The Right to Request an Amendment or Addendum.** 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 we correct the existing information or add the missing information. To request an amendment or addendum, your request must be made in writing. In addition, you must provide a reason that supports your request. 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: (1) correct and complete; (2) forbidden to be disclosed; (3) not part of my records; or (4) not created by me.
- F. The Right to Get a Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

QUESTIONS AND COMPLAINTS

For questions regarding the HIPAA Privacy Rule, please visit the U.S. Department of Health & Human Services website: <http://www.hhs.gov/ocr/privacy/>

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 me. Your written complaint must describe the acts and/or omissions you believe to be in violation of the Rule or the provisions outlined in this Privacy Practices section. If you prefer, you may file your written complaint with the Secretary of the U.S. Department of Health and Human Services (Secretary) at 200 Independence Avenue S.W., Washington, D.C., 20201. However, any complaint you file must be received by me, or filed with the Secretary, within 180 days of when you knew, or should have known, that the act or omission occurred. I will take no retaliatory action against you if you make such complaints.

I acknowledge receipt of the Notice of Privacy Practices, applicable to information and records regarding my health care.

Client Name: _____ Date: _____

Client Signature: _____