

CALIFORNIA HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how your Protected Health Information may be used, accessed and disclosed. This notice went into effect on April 14, 2003. Please Review it Carefully.

HIPAA is the acronym for the Health Insurance Portability and Accountability Act that Requires the protection and confidential handling of Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. The HIPAA Privacy regulations require health care providers and organizations, as well as their business associates, to develop and follow procedures that ensure the confidentiality and security of PHI when it is transferred, received, handled, or shared. This applies to all forms of PHI, including paper, oral, and electronic.

As a Licensed Marriage and Family Therapist, licensed by the State of California through the Board of Behavioral Sciences, I create and maintain treatment records that contain individually identifiable health information about you. These records (your PHI) and this notice concerns the privacy and confidentiality of those records and the information contained therein.

I. Your PHI may be disclosed for purposes outside of treatment, client, and health care operations when your appropriate authorization is obtained. However, PHI may be disclosed without your consent or authorization only in the following circumstances:

- If a complaint is filed with the California Board of Behavioral Sciences, the Board has the authority to subpoena confidential mental health information relevant to that complaint.
- If you communicate a serious threat of physical violence against an identifiable victim, reasonable efforts must be made to communicate that information to the potential victim and the police.
- If you file a worker's compensation claim, a report must be provided to your employer, incorporating any findings about your injury and treatment, within five working days from the date of the 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.
- Whenever it is evident or suspected a child has been the victim of abuse, neglect, mental suffering or a child's well-being is endangered in any way it must immediately reported to the proper legal authorities.
- Whenever it is evident or suspected an elderly or dependent adult has been the

victim of physical abuse, abandonment, abduction, isolation, financial abuse or neglect or his/her well-being is endangered in any way it must immediately reported to the proper legal authorities.

However, the above described can be excluded from reporting if:

- There is no (independent) evidence that corroborates any statements that abuse has occurred.
- The (above described) 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.
- In the exercise of clinical judgment, there is reason to believe that the abuse did not occur.
- If you are involved in a court proceeding and a request is made about the professional services provided to you, your information will not be released without:
 - Your written authorization or the authorization of your attorney or personal representative
 - A court order
 - A subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides evidence that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you are not bringing a motion in the court to quash, block or modify the subpoena. (This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered.)

II. You have the following rights in regard to your PHI:

- The right to request restrictions on certain uses and disclosures of your PHI. (However, this does not guarantee your request will be granted.)
- The right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- The right to inspect or obtain a copy (or both) of PHI for as long as the PHI is maintained in the record. (However, access may be denied under certain circumstances, and you may have this decision reviewed.)
- The right to request an amendment of PHI for as long as the PHI is maintained in the record. (However, this request may be denied pending the details of the amendment process.)

- The right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically and you generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization.

III. The law states that the privacy of PHI must be maintained and provided to you with a notice of legal duties and privacy practices with respect to PHI. You will be notified of any changes to the privacy policies and practices described in this notice as well as policies and procedures. (You will receive notification verbally, by U.S. Mail or both.)

IV. In the event you have a complaint or disagree with a decision I made in regard to your PHI, you may send your 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

As evidence of acknowledgement that you have received a copy of the California HIPAA Notice of Privacy Practices your signature is required on the attached document and will be retained in your client file.

Your signature indicates you understand the California HIPPA Notice of Privacy Practices. If you have any questions regarding HIPPA please ask for assistance before signing the form.

**CALIFORNIA HIPAA NOTICE OF
PRIVACY PRACTICES ACKNOWLEDGEMENT**

As evidence of acknowledgement that you have received a copy of the California HIPAA Notice of Privacy Practices your signature is required below.

Your signature indicates you are aware your Protected Health Information may be disclosed for purposes outside of treatment (detailed in section I of the form you were provided), your rights in regard to your PHI (detailed in Section II of the form you were provided), how the law protects your PHI and how you will be notified in the event of any changes to privacy policies and practices (detailed in Section III of the form you were provided) and instructions on how you can dispute uses of your PHI (detailed in Section IV of the form you were provided).

If you (the client) are unable to sign and are represented by a personal representative, please have your representative complete the additional information below the signature line. Please note this document will be retained as evidence of compliance with HIPPA

Client name: _____

Signature of Client

Date

If this acknowledgment is signed by a personal representative on behalf of the client, please complete the following:

Personal Representative's Name: _____

Relationship to the Client: _____

FOR OFFICE USE ONLY

I attempted to obtain written acknowledgment of receipt of the California HIPAA Notice Form, but the acknowledgment could not be obtained because:

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