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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU AGREE, SIGN AND RETURN IT TO YOUR THERAPIST. RETAIN THE COPY OF THE NOTICE FOR YOUR RECORDS.

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and my professional ethics. Because the rules are so complicated some parts of this Notice are very detailed, you may have to read them several times to understand them. If you have any questions I will be happy to help you understand my procedures and your rights.

Your Medical Information...

Each time you visit me, or any medical office, hospital, clinic, or other “healthcare provider,” information is collected about you in regards to your physical and mental health. It may be information about your past, present, or future health or conditions, the tests and treatment you receive from me or from others, and information related to payment for healthcare. The information I collect from you is called, in the law, **PHI**, which stands for **Protected Health Information**. This information goes into your medical record or file at my office.

In this office, your PHI is likely to include these kinds of information:

(1) Your history: Things that happened to you as a child; your school and work experiences; your marriage/relationship and other personal history.	(5) Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell me.	(9) Information regarding legal matters.
(2) Reasons you came for treatment: Your problems, complaints, symptoms, or needs.	(6) Records I get from others who treated you or evaluated you.	(10) Billing and insurance information.
(3) Diagnoses: These are the medical terms for your problems or symptoms.	(7) Psychological test scores, school records, and other reports.	(11) This list cannot be conclusive, there may also be other kinds of

(4) A treatment plan: This is a list of the treatments and other services that I think will best help you.	(8) Information about medications you took or are taking.	information that goes into your health care records here.
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I use PHI for many purposes. For example, I may use it:

(1) To plan your care and treatment.	(2) To decide how well treatment is working for you.	(3) When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me.	(4) To show that you actually received services from me, which I billed to you or to your health insurance company.
(5) For teaching and training other health care professionals.	(6) For medical or psychological research.	(7) For public health officials trying to improve health care in this area of the country.	(8) To improve the way I do my job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about whom, when, and why others should have this information. Although your health care records in my office are my physical property, the information belongs to you. You can read your records, and if you want a copy I can make one for you (but I may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask me to amend (add information to) your records, although in some rare situations I don't have to agree to do that. Please ask if you'd like me to explain more about this.

Privacy and the laws...

I am legally required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires me to keep your PHI private and to give you this Notice. I will obey the rules of this Notice as long as it is in effect and will update the NPP as necessary. If I change my privacy practices, they will apply to all of the PHI I keep. I will also post the new notice of privacy practices in my office where everyone can see. You or anyone else can also get a copy from me at any time.

How your protected health information can be used and shared...

Except in some special circumstances, when I use your PHI in this office or disclose it to others, I share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. Mainly, I will use and disclose your PHI for routine purposes to provide for your care, explained below. For other uses, I must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

After you have read this notice, you will be asked to sign a separate **consent form** to allow me to use and share your PHI. In almost all cases, I intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business functions called "health care operations." In other words, I need information about you and your condition to provide care to you. You have to agree to let me collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before I begin to treat you. If you do not agree and consent I cannot treat you.

The basic uses and disclosures of your PHI are for treatment, payment, and health care operations. I use your medical information to provide you with psychological treatments or services. These might include individual, couples, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of my services. I may share your PHI with others who provide treatment to you. I am likely to share your information with your personal physician. If you are being treated by a team, I can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. I may refer you to other professionals for services I cannot provide. When I do this, I need to tell them things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them.

I may use your information to bill you, your insurance, or others, so I can be paid for the treatments I provide to you. I may contact your insurance company to find out exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your conditions. I will need to tell them about when we met, your progress, and other similar things. If you pay for certain services out of your own pocket, you may be permitted to prevent me from disclosing this information to your insurance company.

Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government

health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

Other uses and disclosures include: (1) I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or you prefer some other way to reach you, I usually can arrange that, just tell me. (2) I may use or disclose your PHI to tell you about or recommend possible treatments, alternatives, or health-related services that may be of help to you. (3) I may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, I will discuss the research project with you, and I will not send any information unless you sign a special authorization form. (4) I may hire other businesses (“business associates”) to do some jobs for me (i.e., copy services, billing services). These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with me to safeguard your information.

If I want to use your information for any purpose besides those described above, I need your permission on an authorization form. I don’t expect to need this very often. If you do allow me to use or disclose your PHI, you can cancel that permission in writing at any time. I would then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have already disclosed or used with your permission.

There are some federal, state, or local laws that require me to disclose some of your PHI without your consent or authorization. For example, (1) I have to report suspected child, elder, and dependent adult abuse. (2) If you make a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI to persons who can prevent the danger. (3) If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. (4) I have to disclose some information to the government agencies that check on me to see that I am obeying privacy laws. When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state’s confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

In addition, I may release PHI if asked to do so by a law enforcement official to investigate a crime or criminal, to agencies that investigate diseases or injuries, to coroners, medical

examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants. I may also disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

You can permit me to share some information about you with your family or others involved in your care. I will ask who you want me to tell, and what you want me to tell them. I will honor your wishes as long as it is not against the law. If it is an emergency, and so I cannot ask if you disagree, I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you don't approve, I will stop, as long as it is not against the law. When I disclose your PHI, I may keep some records of whom I sent it to, what I sent, and when. You can get an accounting (list) of many of these disclosures.

Your rights concerning your health information...

(1) You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try our best to do as you ask. (2) You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members, friends, and your insurance company. I don't have to agree to your request, but if I do agree, I will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you. (3) You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but I may charge you. (4) If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to our privacy officer. You must also tell me the reasons you want to make the changes. (5) You have the right to a copy of this notice. If I change this notice, I will post the new one in our waiting area, and you can always get a copy from me. (6) You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way. (7) You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services. (8) You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised. You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these with you now or as they arise.

If you have questions or problems...

If you need more information, have questions about the privacy practices described above, have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, please let me know in person, by phone, or in writing. As stated above, you have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. I promise that I will not in any way limit your care here or take any actions against you if you complain.

Breach Notification Addendum to Policies & Procedures

1. When the Practice becomes aware of or suspects a breach, as defined in Section 1 of the breach notification Overview, the Practice will conduct a Risk Assessment, as outlined in Section 2.A of the Overview. The Practice will keep a written record of that Risk Assessment.
2. Unless the Practice determines that there is a low probability that PHI has been compromised, the Practice will give notice of the breach as described in Sections 2.B and 2.C of the breach notification Overview.
3. The risk assessment can be done by a business associate if it was involved in the breach. While the business associate will conduct a risk assessment of a breach of PHI in its control, the Practice will provide any required notice to patients and HHS.
4. After any breach, particularly one that requires notice, the Practice will re-assess its privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches

I. Breach Notification Appendix to Policies and Procedures—Added September 23, 2013

When I suspect that Protected Health Information has been acquired, accessed, used, or disclosed in violation of the HIPAA Privacy Rule the following must take place:

A. Risk Assessment

- a. Risk Assessment consists of four steps:
 1. The nature and extent of Protected Health Information compromised
 2. To whom the Protected Health Information may have been disclosed
 3. Whether the Protected Health Information was actually acquired or viewed
 4. To extent to which the risk to the Protected Health Information has been mitigated
- b. Findings from the Risk Assessment will be documented with privacy and security practices and procedures altered as needed to prevent the same breach from reoccurring.

B. Notice to the Patient

- a. This Notice to the Patient must be done without any unreasonable delay and within 60 days. It shall include:
 1. A brief description of the breach including dates of breach
 2. A description of the types of unsecured Protected Health Information involved
 3. The steps that the patient should take to protect against potential harm

4. A description of the steps that I have taken to investigate the breach, mitigate harm, and protect against further breaches
5. Contact information regarding the breach

C. Notice to U.S. Department of Health and Human Services

a. For breaches affecting less than 500 patients, a log will be kept of those breaches during the year and provide to HHS within 60 days after the calendar year. For breaches impacting more than 500 patients notice must be sent to HHS immediately and their procedures followed to address this breach.

D. Breaches involving Business Associates

a. A Business Associate is an outside organization or person with whom Protected Health Information is shared so that they can provide services to us or on our behalf. For example, IT support staff, accountants, or cloud storage.

The effective date of this notice is: September 23, 2013.

Privacy Officer:

**Lindsey Brooks, Ph.D. -- 415-737-5540 (Phone/ Fax)
1300 25th Avenue Suite 100 San Francisco, CA 94122**

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Client

Date

Print Name