

SD Psychiatry and Wellness
Laura Wakil, M.D.

HIPAA Notice of Privacy Practices

The privacy and confidentiality of our visits is an important concern to us. 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 and how you can get access to this information. This notice confirms to both CA law and the Federal Health Insurance Portability and Accountability Act (HIPAA) providing privacy protection and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. This notice is based on the American Psychological Association and American Psychiatric Association model for compliance with the HIPAA requirements and includes the most recent update in 2010.

Please feel free to ask Dr. Wakil about any concerns you may have about this matter. We are required by Federal Law to provide you with the following information. This copy is for you to keep. Once you have read through this document, please sign the attached signature page to confirm your receipt of this notice.

I. Uses and Disclosures Not Requiring Your Authorization

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 we can only do so when the person or business requesting your PHI gives me 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 record that could identify you. For example, it may include your name, the fact you are receiving treatment here and other basic information pertaining to your treatment. Use applies only to activities within this office and practice group such as sharing, employing, applying, utilizing, and analyzing information that identifies you.

■ **Disclosure** applies to activities outside of this office or practice group, such as releasing, transferring, or providing access to information about you to other parties.

■ **Authorization** is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form.

■ **Treatment** is when we provide, coordinate, or manage your health care and other services related to your health care. For example, with your written authorization we may provide your information to your physician to ensure the physician has the necessary information to diagnose and treat you.

■ **Payment** refers to when your PHI may be used, as necessary, in activities related to obtaining payment for your health care services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurance company.

■ **Health Care Operations** are activities that relate to the performance and operation of our practice.

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. Additionally, certain categories of information have extra protections by law, and thus require special written authorization for disclosures.

■ **Psychotherapy Notes** – your therapist will obtain a special authorization before releasing

your psychotherapy notes. “Psychotherapy Notes are notes they have made about your

conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of the record.

■ **HIV Information** – Special legal protections apply to HIV/AIDS related information. We will obtain a special written authorization from you before releasing information related to HIV/AIDS.

■ **Alcohol and Drug Use Information** – Special legal protections apply to information related to alcohol and drug use and treatment. We will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment. In those instances, when we are asked for information for purposes outside of treatment and payment operations, we will obtain an authorization from you before releasing this information. 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 I receive it.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

■ **Child Abuse:** Whenever mental health providers, in their professional capacity, have knowledge of or observe a child they know or reasonably suspect has been the victim of child abuse or neglect, they must immediately report such to a police

department or sheriff's department, county probation department, or county welfare department. Also, if mental health providers have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional wellbeing is endangered in any other way, they may report such to the above agencies.

■ **Adult and Domestic Abuse:** If your mental health provider, in their professional capacity, has observed or has 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 they are told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, they must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.

Your mental health provider does not have to report such an incident if:

- They 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;
 - They are not aware of any independent evidence that corroborates the statement that the abuse has occurred;
 - 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;
- AND**
- In the exercise of clinical judgment, they reasonably believe that the abuse did not occur.

Health Oversight: If a complaint is filed against any of our licensed psychologists or registered psychological assistants with the California Board of Psychology, or if a complaint is filed against the psychiatrist to the Medical Board of California, the Board has the authority to subpoena confidential mental health information from 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 that we have provided you, we must not release your information without:

- Your written authorization or the authorization of your attorney or personal representative; or
- A court order; or
- 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 your mental health provider a serious threat of physical violence against an identifiable victim, they must make reasonable efforts to communicate that information to the potential victim and the police. If they have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, they may release relevant information as necessary to prevent the threatened danger.

Worker's Compensation: If you file a worker's compensation claim, your mental health provider must furnish a report to your employer, incorporating their 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.

IV. Patient's Rights and Psychologist'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, your mental health provider is 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.

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 nor authorization (as

described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.

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.

Mental Health Provider'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 notify you as indicated in section VI below.

V. Questions and Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may address your questions and concerns to us directly at:

SD Psychiatry and Wellness
laura@sdpsychiatryandwellness.com
(415) 722-8377

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Practices

This notice went into effect on April 1, 2010. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will notify you prior to releasing any information based upon the revision, either by US mail or by giving you a revised notice personally during an office visit.

Acknowledgment of Receipt of HIPAA Notice of Privacy Practices

I, _____, acknowledge the
(print name)

receipt of the HIPAA Notice of Privacy Practices.

Signature: _____

Date: _____