

## **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.

*I have built my practice in this community on a foundation of integrity, respect and professionalism. These values are reflected in my longstanding commitment to protect your privacy. Fully advising your psychotherapist of your physical and emotional condition is important in allowing your psychotherapist to provide optimal service to you. In order to feel comfortable doing this, your privacy is of the highest priority. That is why I want you to know how I protect the information you share with me. Psychotherapists have been, and continue to be, bound by professional standards of confidentiality that are often more stringent than those required by law; therefore, I have always protected your right to privacy.*

*What is "Protected Health Information" (PHI)?*

When I psychologically examine, diagnose, treat, or refer you, I will be collecting what the law calls Protected Health Information (PHI) about you. I need this information to decide on what treatment is best for you and to provide that treatment to you effectively.

PHI includes non-public information about you that I have created or received about your past, present or future health or condition, the provision of health care to you, or the payment for this health care. This may include your name, addresses and phone numbers; your symptoms, diagnoses, treatment goals, treatment methods, progress and outcome; others treating you; legal matters; payment information; and your personal history or current situation.

I collect information about you from conversations with you in this office or over the telephone, through questionnaires and forms I may ask you to complete from time to time, from psychological tests I may administer to you, and from observing you over time in the course of providing professional services to you, as well as information received from others, such as family members or other professionals.

I create and retain written records relating to professional service that I provide so that I am better able to assist you with your needs and provide quality service to you. Personal information I receive about you may be entered into this record. Both ethics and law require your psychotherapist to keep appropriate written records

*How, When and Why I Use Your Information*

Your psychotherapist might use or disclose your health information for many different reasons.

A "use" of information occurs when I examine, utilize, apply or analyze such information *within* my practice for the purpose of providing professional services. A "disclosure" occurs when it is released or transferred to a third party *outside* my practice for the purpose of providing professional services.

Your psychotherapist will not use or disclose any more of your information than is necessary to accomplish the purpose for which the use or disclosure is made.

I will routinely use your information to address your symptoms, problems and personal goals. I may offer information or guidance based on what you tell me. I may use your information to select methods of treatment, offer additional services to you, or recommend referrals to other professionals for services I do not provide. I document services to show I actually provided services to you which I billed to you.

I may use your information to review my clinical practice for quality assurance purposes, to evaluate and improve the effectiveness of health care services you received.

If you are seek reimbursement from your health insurance provider for reimbursement of my fees, it will be necessary for me to disclose limited personal information to your insurance company in order for you to obtain eligibility and benefit information. For example, I will usually have to provide your name, address social security number, diagnosis and dates that services were rendered.

I may be required by clinical standards, professional ethics or law to disclose limited information to specific professionals or agencies for optimal professional care to you, where you have requested or consented to a disclosure or waived or privacy, or in some instances for safety.

Except for the specific purposes set forth, I will use and disclose your PHI only with your written authorization (“Authorization”). It is your right to revoke such Authorization at any time by giving me written notice of your revocation.

*Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment or Health Care Operations Do Not Require Your Written Consent.* I can use and disclose your PHI without your Authorization for the following reasons:

1. *For Your Treatment.* I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an Authorization to do so.
2. *To Help You Obtain Reimbursement from Health Insurance Provider:* I can use and disclose your PHI to your insurance company to assist you in receiving reimbursement for health care services I have provided to you, although my preference is for you to give me an Authorization to do so.
3. *For Health Care Operations:* I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.

*Certain Uses and Disclosures Require Your Authorization:*

*Psychotherapy Notes.* I do keep “psychotherapy notes” as that term is defined in 45 CFR paragraph 164.501, and any use or disclosure of such notes requires your authorization *unless* the use or disclosure is:

- a. For my use in treating you.
- b. For my use in training or supervising other mental health practitioners to help them improve their skills in group, joint, family or individual counseling or therapy.
- c. For my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law, and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

*Marketing Purposes:*

As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

*Sale of PHI:*

As a psychotherapist, I will not sell your PHI in the regular course of my business.

*Certain Uses and Disclosures Do Not Require Your Authorization.* Subject to certain limitations in the law, I can use and disclose your PHI *without* your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or houses in correctional institutions.

9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health services or benefits that I offer.

*Certain Uses and Disclosures Require You To Have the Opportunity to Object:*

1. Disclosures to family, friends or others. I may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

*Your Rights Regarding Your PHI*

You have the following rights with respect to your PHI:

1. *The Right to Request Limits on Uses and Disclosures of Your PHI.* You have the right to ask me not to use or disclose certain PHI for treatment, payment or health care operation purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. *The Right to Request Restrictions for Out-of-Pocket Expenses Paid for in Full.* You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. *The Right to Choose How I Send PHI to You.* You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. *The Right to See and Get Copies of Your PHI.* Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. *The Right to Get a List of the Disclosures I Have Made.* You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless your request a shorter time frame. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. *The Right to Correct or Update Your PHI.* If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
7. *The Right to Get a Paper or Electronic Copy of this Notice.* You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

*Safeguards to Your Privacy*

I pledge to take measures to safeguard the information of current and former clients. In order to protect this information against unauthorized access, I maintain physical, electronic and procedural safeguards that comply with federal regulations.

As a general principal, I do not disclose any personal information about my clients or former clients to anyone, not even acknowledging that I know you or that you are receiving services from me. If I receive a request from a third party for your information or records, I will consult you first.

I strive to keep any communication between you and I discreet. Communication by you to me, whether by phone, mail, email or in person, will be handled only by me. Voicemail is password-protected. Mail is opened only by me. I will attempt to leave voicemail messages that are discreet if I do not know who might access your messages. I will avoid sensitive subject matter in semi-public areas such as the waiting room, unless you initiate. I will not acknowledge you if we meet inadvertently in a public place, unless you initiate.

Written records of service are required by clinical standards, ethics and law to be kept. Records may only be destroyed after a period of time prescribed by ethics and law. I keep my records at a remote location, transport only in a secure manner and store them under lock and key inaccessible to others.

I do not recommend email communication between myself and client because encryption technology is constantly evolving and may be subject to unauthorized intrusion.

I will not provide your information to accounts, attorneys or other business consultants involved in my practice. I have no employees in my practice, however; in the event that I do in the future, I will require a written agreement from them to maintain your privacy.

Any institutions outside my office that will have access to your information, such as insurance companies, billing services or typing services, are similarly required to protect your information by contract or law.

To maintain the highest ethical and legal standards of protecting your privacy, I will adhere to these policies and may amend them in the future as needed to remain current. Any changes will apply to all information I maintain at that time.

#### *Exceptions to Privacy*

Your information is private with some rare but important exceptions.

1. I may be required to disclose some information to government agencies that check to see that I am obeying privacy laws.
2. To maintain high standards of care, a psychotherapist periodically obtains consultation from colleagues about cases. In such consultations, information which would identify you would not be disclosed.
3. If you present an eminent danger to yourself or others or are unable to care for yourself, limited information may be disclosed to facilitate hospitalization for your protection.
4. If you communicate to a psychotherapist an imminent threat to harm an identifiable person or the public or of property damage, the psychotherapist must warn the person as well as the public law enforcement agencies reasonably able to prevent or lessen such harm.
5. If there is a reasonable suspicion of abuse or neglect of an identifiable child, elder or dependent adult, a report may be required to designated public agencies.
6. If a valid medical emergency exists, for example if you become unconscious in the office or are in severe pain and cannot communicate, your psychotherapist may summon emergency medical services and/or call the emergency contact you named on the information form.
7. In some legal proceedings, such as where your emotional condition is an important issue, a judge may order your records or testimony concerning you or your family without your consent.
8. When a couple is being seen in treatment, they psychotherapist cannot keep secrets from either partner.
9. If you bring a family member to your appointment and disclose information in their presence, that information is considered disclosed to them. I will disclose your information in such a session only with your verbal permission.
10. If you are under age 18, your parents have a right to know about your treatment. A non-custodial parent has a right to know about your therapy as well. For teenagers, we ask parents to relinquish access to details about a teenager's disclosures; unless there is a serious danger, the psychotherapist will provide only general information.
11. If you fail to assume financial responsibility for your services, limited personal information may be disclosed for purposes of debt collection, such as your name, nature of services you have received, and the amount due.
12. When services are paid by a third party, you usually have waived your right to complete confidentiality as part of the terms of your agreement with them. A psychotherapist may therefore be required by your third party payer to disclose information or records in order to process payment. You hereby authorize such disclosures if you request payment by a third party.
13. If you are incapacitated or deceased, your information remains secure. However, disclosure may be authorized by the entity with health care power of attorney charged with making decisions about your estate.
14. In the event of your psychotherapist is incapacitated, I have designated trusted colleagues to administer all confidential matters as necessary for the continuity of your care.
15. In the event I close or transfer my practice, you hereby allow me to place your record in the custody of a trusted colleague for proper storage and disposal.

#### *How to Complain About My Privacy Practices:*

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my practice, and my address and phone number are:

Gloria Dahlquist LMFT  
1000 Quail Street, Suite 135  
Newport Beach, CA 92660

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or
3. Visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

I will not retaliate against you if you file a complaint about my privacy practices.

This notice went into effect April 14, 2003.

Updated September 20, 2013.