

Notice of Privacy Practices & Confidentiality

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A. What is meant by PHI: Each time you visit my office, information is collected about your physical and mental health. This includes past, present, or future conditions, tests and treatment, and payment information. This information is called protected health information (PHI) and is stored in your record in my office.

PHI is likely to include:

- History: childhood/developmental; school/work experience; significant relationships
- Reasons you came for treatment: problems, complaints, symptoms, or needs
- Diagnoses: as applicable
- A treatment plan: a list of treatments and other services
- Progress notes: status, items addressed, plans for future sessions
- Records from others who treated or evaluated you
- Medications you took or are taking
- Legal and payment information

PHI serves many purposes, including:

- To plan care and treatment.
- To decide how well treatment is working.
- For collaborating with other health care professionals who are also treating you
- To show that you actually received services, which were billed to you.

Your record is my property, but the information belongs to you. In general, you can read your records and if you want a copy I can make one for you. In rare situations, you can't see the complete record, but may request a summary and/or have a denial reviewed by a third party. If you find anything incorrect or missing, you can request an amendment or addition, which may be denied in rare situations. The law specifies timelines for the release of records. To receive a copy or summary, you need to provide a request in writing.

B. Privacy laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that PHI be kept private and I give you this notice about legal duties and privacy practices. If I change my privacy practices, I will post the new notice in my office and you can get a copy.

C. How your PHI can be used and shared: I share only the minimum necessary PHI needed for treatment. Federal and state law gives you rights to know about your PHI, how it is used, and how it is shared. Mainly, I will use and disclose your PHI for routine purposes to provide for your care. For other uses, I must ask you to sign a written Release of Information form (ROI). However, there are some uses and disclosures that don't require consent, as described below.

1. Uses and disclosures with your consent: After you have read this notice, you may 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 our services, or other business functions called "health care operations."

a. Basic uses and disclosure: I use your medical information to provide you with services, which might include individual or group therapy; psychological and treatment planning. I may share your PHI with others who provide treatment to you after you have signed a separate written consent (ROI), so that the services you receive will work best together.

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b. Other uses and disclosures in health care: I may use and disclose your PHI to reschedule or remind you of appointments. 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 can arrange that. Please specify.

2. Uses and disclosures that require your authorization: If you want to use your information for any purpose besides those described above, I need your permission (ROI). If you allow me to disclose your PHI, you can cancel it in writing at any time and I would stop disclosing your PHI. I cannot take back any information I have already disclosed or used with your permission.

3. Uses and disclosures that don't require your consent or authorization (limits of confidentiality)

a. When required by law: I must report current suspected child abuse, elder abuse, and past child abuse, if a child may be currently at risk. 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. I have to disclose some information to the government agencies that check to see that I am obeying the privacy laws.

b. To prevent a serious threat to health or safety: If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I must disclose some of your PHI to persons who can prevent the danger.

4. Uses and disclosures where you have an opportunity to object: I can share information about you with family or close others with written consent (ROI). I will ask who you want told and what information you want disclosed. I will honor your wishes as long as it is not against the law.

5. An accounting of disclosures: When I disclose your PHI, I will record whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures.

D. Your rights:

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 example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.

2. You have the right to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I don't have to agree to the request, but if I do, I will honor it except when it is against the law, in an emergency, or when it is necessary for treatment.

3. You have the right to look at your record and request a copy or summary of the record. You must make your request specific and in writing.

4. If you believe that information in your record is incorrect or missing, you can request additions or corrections. You must make a written request with the reasons why you want changes.

5. You have the right to a copy of this notice. If it changes, I will post the new one in my office.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint 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.

E. If you have questions or problems: If you need more information, have questions about these privacy practices, or have a problem with how your PHI has been handled, please let me know.

Client signature: _____ Date: _____

Therapist signature: _____ Date: _____