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Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. Disclosures for Treatment, Payment, and Health Care Operation

I 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 us 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.
- "Treatment, payment and Health Care Operations"
 - Treatment is when I, as your mental health professional or another health care provider, diagnoses or treats you. An example of treatment would be when I consult with another healthcare provider, such as your family physician or another psychologist, regarding your treatment.
 - Payment is when I obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to help you obtain reimbursement for your health care.
 - Health Care Operations is when I disclose your PHI to your health care service plan (for example your health insurer), or to other health care providers contracting with your plan, or administering the plan, such as case management and care coordination.
- "Use" applies only to activities with my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.
- "Authorization" means your written permission for specific uses or disclosures.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when I ask for information for purposes outside of treatment and payment operations, I will obtain an authorization from you before releasing this information. You may revoke or modify all such authorizations (of PHI) at any time; however, the revocation or modification is not effective until I receive it.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** Whenever I, in my professional capacity, have knowledge of, observe, or reasonably suspect that a child has been the victim of child abuse or neglect, I must immediately report such to a police department or sheriff's department, county probation department, or county welfare department.

Also, if I have knowledge or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I may report such to the above agencies.

- **Adult and Domestic Abuse:** If I in my professional capacity, observe or have 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 I am told by an elder or dependent adult that her or she has experienced these, that I must report the known or suspected abuse immediately to the adult protective services agency or the local law enforcement agency.

I do not have to report such an incident if:

- 1) An elder or dependent adult has told me that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect; and
- 2) I am not aware of any independent evidence that corroborates the statement that the abuse has occurred; and
- 3) 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
- 4) in the exercise of clinical judgment, the staff reasonably believes that the abuse did not occur.

- **Health Oversight:** If a complaint is filed against me with California professional licensing board, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Judicial or Administration Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) 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 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 or your family member communicates to me that you pose a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, we may release relevant information as necessary to prevent the threatened danger.
- **Worker's Compensation:** If you file a worker's compensation claim, we may disclose to your employer your medical information created as a result of employment-related health care services provided to you at the specific prior written consent and expense of your employer so long as the requested information is relevant to your claim, provided that it is only used or disclosed in connection with your claim and describes your functional limitations provided and that no statement of medical cause is included.

IV. Patient's Rights and My Professional Duties

- Right to Request Restrictions—You have the right to request restriction on certain uses and disclosures of protected health information about you. However, I am 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. (For example, you may not want a family member to know that you are receiving treatment with me.)
- Right to inspect and Copy—You have the right to inspect or obtain a copy (or both) of PHI from my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I 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 our 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 this notice from us upon request, even if you have agreed to receive this notice electronically.

I am 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. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a revised notice by mail using the most current mailing address in your clinical record.

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at (310) 201-6352. If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to Cathy Goldfarb, 12001 San Vicente Blvd., Suite 408 Los Angeles, CA 90049

You may also send a written complaint to the Secretary of the US Department of Health and Human Services.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

This notice goes into effect on September 1, 2008.