



CALIFORNIA HIPAA NOTICE OF PRIVACY PRACTICES

Notice of 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.

We (Angeles Psychology Group) are required by law to provide you with this Notice that explains our privacy practices with regard to your psychological and medical information. “HIPAA” refers to the Health Insurance Portability and Accountability Act, a federal law that provides privacy protections and patient rights with regard to the use and disclosure of information created or noted by us that can be used to identify you (“Protected Health Information” or PHI). We are required by law to safeguard your PHI and insure that it is kept private.

This Notice must explain when, why, and how we would use and/or disclose your PHI. “Use” of PHI means when we share, apply, utilize, examine, or analyze information within our practice. “Disclosure” of PHI is when we release, transfer, give, or otherwise reveal it to a third party outside our practice. Except as indicated below, we will use and disclose PHI only with your express written authorization. You may revoke such permission at any time by informing us in writing.

Uses & Disclosures Requiring Your Consent or Authorization

We will obtain an authorization from you before using or disclosing:

- PHI in a way that is not described in this Notice.
- Psychotherapy notes. Psychotherapy notes are notes we make to document or analyze the contents of conversation during a private individual, couple, family, or group therapy session.

Uses & Disclosures Not Requiring Your Consent or Authorization

We may use or disclose your PHI for certain treatment 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.

- **For Health Care Operations:** *Health Care Operations* refers to when we disclose your PHI to your health care service plan (for example, your health insurer) or to your other health care providers contracting with your plan, to enable them to administer the plan, such as for case management and care coordination. We may also provide your PHI to our accountants, attorneys, consultants, and others to ensure compliance with applicable laws.
- **To Obtain Payment for Treatment:** We can use and disclose your PHI to bill and collect payment for the treatment and services provided. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- **Other Disclosures for Treatment:** We may also disclose your PHI to others without your consent in certain situations. Your consent is not required if you need emergency treatment, as long as we try to get consent after treatment is rendered or if we try to obtain consent and you are unable to communicate.

In addition, we may use or disclose PHI without your consent or authorization in the following circumstances:

- **Serious Threat to Health or Safety:** If you communicate to us a serious threat of physical violence against an identifiable victim, we *must* make reasonable efforts to communicate that information to the potential victim and the police. If we 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.



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- **Child Abuse:** Whenever we, in our professional capacity, have knowledge of or observe a child we know or reasonably suspect, has been the victim of child abuse or neglect, we must immediately report such to a police department or sheriff's department, county probation department, or county welfare department. Also, if we have knowledge of 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, we may report such to the above agencies.
- **Adult and Domestic Abuse:** If we, in our professional capacity, have observed 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 we are told by an elder or dependent adult that he or she has experienced these or if we reasonably suspect such, we must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency. We do not have to report such an incident if:
 1. We 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; and
 2. We are 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, we reasonably believe that the abuse did not occur.
- **Health Oversight:** If a complaint is filed against us with the California Board of Psychology, 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 (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 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.
- **Worker's Compensation:** If you file a worker's compensation claim, we must furnish a report to your employer, incorporating our findings about your injury and treatment, within five working days from the date of 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.

Patient's Rights

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of PHI about you. However, we are 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 seeing us. Upon your request, we will send your bills to another address.
- **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 under *Uses & Disclosures Not Requiring Your Consent or Authorization* in this Notice). On your request, we will discuss with you the details of the accounting process.



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- **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.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI:** You have a right to be notified if there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI, that PHI has not been encrypted to government standards, and our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Breach Notification

- When we become aware of or suspect a breach (the acquisition, access, use, or disclosure of PHI in violation of the HIPAA Privacy Rule), we will conduct a risk assessment to determine if PHI has been compromised and if notification is required. We will keep a written record of that risk assessment.
- Unless we determine there is a low probability that PHI has been compromised, we will give you notice of the breach without unreasonable delay and within 60 days after discovery. “Discovery” is the first day that we know (or reasonably should have known) of the breach. Notice will include a brief description of the breach (including dates), a description of types of unsecured PHI involved, the steps you should take to protect against potential harm, a brief description of steps we have taken to investigate the incident, mitigate harm, and protect against further breaches, and our contact information.
- 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, we will provide any required notice to patients and the U.S. Department of Health and Human Services (HHS).
- After any breach, particularly one that requires notice, we will reassess our privacy and security practices to determine what changes should be made to prevent the reoccurrence of such breaches.

Questions & Complaints

If you have questions, are concerned that we may have violated your privacy rights, or disagree with a decision we made about access to your records, you may submit a written complaint to us and/or the Secretary of the U.S. Department of Health and Human Services by mail, fax or email. You may also visit the Department’s web site (www.hhs.gov) for further information.

Office for Civil Rights
U.S. Department of Health & Human Services
50 United Nations Plaza - Room 322
San Francisco, CA 94102
fax: (415) 437-8329
email: OCRComplaint@hhs.gov

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Effective Date, Restrictions, & Changes to Privacy Policy

This Notice is in effect as of August 21, 2013. 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 provide you with a revised Notice via email unless you request otherwise due to internet security concerns.