

Notice of Psychologists' 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. This notice conforms to the Federal Health Insurance Portability and Accountability Act (HIPAA) effective April 14, 2003. It also conforms to the health care privacy laws of California. Please review it carefully.

I. Uses and Disclosures Not Requiring Your Authorization

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 I 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.
- *EHR* and *e-PHI* refer to health records in electronic form and format.
- *NPP* refers to this document the "Notice of Privacy Practices".
- *Use* applies only to activities *within* 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* 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 I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist, regarding your treatment.
- *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, providing you documentation of your care so that you may obtain reimbursement from your insurer, or when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility of coverage.
- *Health Care Operations* are activities that relate to the performance and operation of my practice and range from quality assessment and utilization review to conducting or arranging for medical reviews, legal services, auditing functions, or business planning and administrative services. I may use or disclose, as needed, your protected health information in support of business activities.

II. Uses and Disclosures Requiring Your Authorization

I may use or disclose minimum necessary 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** – I will obtain a special authorization before releasing your psychotherapy notes. “Psychotherapy Notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.
- **HIV Information** – Special legal protections apply to HIV/AIDS related information. I 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. I will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment.

In those instances when I am asked 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, psychotherapy notes, HIV Information, and/or Alcohol and Drug Use Information) at any time provided each revocation is in writing and signed by you. However it will not go into effect until I receive it. When the state (California) laws are more protective than HIPAA, the more stringent requirements will apply.

III. Uses and Disclosures Requiring Neither Your Consent Nor Authorization

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

- **Child Abuse** – Whenever I, in my professional capacity, have knowledge of or observe a child I know or reasonably suspect 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 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, I may report such to the above agencies.
- **Elder and Dependent Adult Abuse** – If I, in my 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 I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency. I do not have to report such an incident if all of the following conditions apply:

- 1) I 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) 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 I reasonably believe that the abuse did not occur.

- **Health Oversight** – If a complaint is filed against me with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from me 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 I have provided you, I must not release your information without:
 - 1) Your written authorization or the authorization of your attorney or personal representative; or
 - 2) A court order; or
 - 3) A subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides me 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 me 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. I will inform you in advance if this is the case.
- **Serious Threat to Health or Safety** – If you or your family member communicate to me that you pose a serious threat of imminent harm against another reasonably identifiable individual(s), 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, I may release relevant information as necessary to prevent the threatened danger.
- **Worker's Compensation** – If you file a worker's compensation claim, I 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 that no statement of medical cause is included.

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/disclosures of PHI about you. However, I am not required to agree to the request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I 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 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, I 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 it is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of all disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this notice). On your request, I 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 *HIPAA Notice of Privacy Practices* from me upon request, even if you have agreed to receive the Notice electronically.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I must notify you if unsecured PHI is breached. Because your PHI will be encrypted, no notification will be required. No risk assessment of unsecured PHI will need to be conducted if notification of a breach is made.
- 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.
- I am allowed to send unencrypted emails if you are advised of the risk and still request that form of transmission.

- I am allowed to make relevant disclosures to your family after death under essentially the same circumstances such disclosures were permitted before death.
- I am allowed to tell you about a third-party product or service without your written authorization when: I receive no compensation for that product or service, my communication with you is face to face, it involves general health promotion and/or it involves government or government-sponsored programs.
- If I revise my policies and procedures (indicated in the HIPAA notice), I will notify you at our next session or by mail at the address you provided me on your *Confidential Client Questionnaire*. All new patients receive a copy during their first session. A copy of the NPP is posted in my office and on my website.

V. Questions and Complaints

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, please contact Dr. Leigh Anne Randa, Ph.D. at (858) 224 – 3767.

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 Dr. Leigh Anne Randa, Ph.D. at 6000 N Chatham Avenue, Kansas City, MO 64151.

You may also send a written complaint to the you may file a complaint with the US Department of Health and Human Services. All complaints must be submitted in writing. I will not retaliate against you for exercising your right to file a complaint. I will provide you with the appropriate address upon request.

Effective Date, Restrictions, and Changes to Privacy Practices

This notice will go into effect on March 01, 2017. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. Should this occur, I will notify you of such changes and offer to provide you a paper copy of the revised notice.