

## 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 THIS NOTICE CAREFULLY**

**Effective Date of this Notice:** May 29, 2020

#### **My Duty Regarding Your Health Information:**

Information about you and your health is confidential. Confidential health information includes all individually identifiable information, whether in electronic or physical form, that is in my possession or is derived from information you share in confidence with me regarding your medical or mental health history, a mental or physical condition, or mental or physical health treatment. I am committed to protecting the privacy of this information. This notice tells you about the ways in which I may use and disclose health information about you, as well as certain obligations I have regarding the use and disclosure of your health information. It also describes your rights regarding your health information.

#### **My Responsibilities:**

It is my responsibility to safeguard your health information. I am required to give you this Notice of Privacy Practices and to follow the terms of the notice currently in effect. I will notify you if I become aware of an unauthorized access, use or disclosure of your health information.

#### **Changes to this Notice:**

I reserve the right to change this Notice. I reserve the right to make the revised or changed notice effective for health information I already have about you as well as any information I receive in the future. A copy of the current notice is posted in my office and on my web site at [www.psychologist-sandiego.com](http://www.psychologist-sandiego.com). I will also provide you with a copy of this Notice of Privacy Practices at our first appointment.

#### **How I May Use and Disclose Health Information About You:**

The following categories describe different ways that I may use your health information and disclose your health information to other persons and entities. Not every use or disclosure in a category will be listed. However, all the ways I am permitted to use and disclose your health information will fall within one of the following categories.

- **Treatment:** I may use and disclose your health information to provide, coordinate or manage your health care and any related services. For example, information obtained from me or a member of my staff will be recorded in your record and used to determine the course of treatment for you. This includes consultation with other treatment team members. I may communicate information to another health care provider or third party for the purposes of coordinating your continuing care and may make that information available electronically. I

will request authorization from you in writing before I disclose your health information to another provider or third party.

- **Payment:** I may use and disclose your health information to bill for services provided and to obtain payment from you, an insurance company, a third party or a collection agency. This may include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan. The information disclosed will be limited to the nature of the services provided, the dates of services, the amount due and other relevant financial information.
- **For Health Care Operations:** I may use or disclose your health information for health care operations. These uses and disclosures are necessary to run my practice and make sure that all of my clients receive quality care.

### **Written Authorization Required:**

Generally, I am not permitted to use or disclose your personally identifiable health information without your written authorization, except where disclosure is required or permitted by law. The authorization must state what information can be released, to whom, and for what purpose. It must be dated. You have the right to refuse to consent to disclosure without fearing any kind of pressure or retaliation. If you authorize me to use or disclose health information about you, you may limit the information to be used and/or disclosed and you may revoke the authorization in writing at any time. There are also times when a separate specific authorization is required. The following are some examples:

1. **Psychotherapy Notes.** Any use or disclosure of “psychotherapy notes,” as that term is defined in 45 CFR § 164.501, requires your specific authorization unless the use or disclosure is: a. For my use in treating you. b. For my use in training or supervising mental health practitioners to help them improve their skills in counseling or therapy, in which case your personal identifying information will be omitted. c. For my use in defending myself in legal proceedings instituted by you. d. Required 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 you or someone else.
2. **Marketing Purposes.** As a psychologist, I will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As a psychologist, I will not sell your PHI in the regular course of my business.

### **When Disclosure Is Required by Law:**

Some of the circumstances where disclosure is required by law are:

- Where I reasonably suspect physical, emotional or sexual abuse, neglect or abandonment of a child, dependent adult or person 65 or older;
- Where I have reason to believe you may present a danger to others. If I believe you are threatening imminent serious bodily harm to another, I am required to take protective actions. These actions may include notifying potential victims, calling police, or seeking hospitalization for you;
- Where I have reason to believe that you present a danger to yourself. If you threaten to harm yourself, I may be obligated to seek hospitalization for you or to contact family members or others who can help provide you with protection;

- I am also required by law to report as sexual abuse of a child conduct that involves the creation of or streaming, downloading, storing or transmitting electronic images sexually depicting a child.

### **When Disclosure May Be Required:**

Some of the circumstances where disclosure may be required are:

- Pursuant to a legal proceeding that is initiated by or brought against you. For example, if you place your mental status at issue in litigation, such as in a lawsuit seeking damages for severe emotional distress, the defendant may have the right to obtain your psychotherapy records and/or the testimony of your psychotherapist by issuing a subpoena. Your personal health information may then be shared with retained experts in the case and shared with other parties in the litigation. Potentially that information may even be shared with a jury or other fact finder. Please note that I will not release your protected health information in response to a subpoena without your written authorization, unless ordered to do so by a court order, except in cases where the records are sought for a workers' comp determination or proceeding, and even then, such release of information shall be reasonably limited to only that information necessary for the determination or proceeding.
- Business Associates. Some services in my practice I obtain through contracts with business associates. For example, I may contract with outside companies to provide legal services, accounting services, or billing services. When I contract with a business associate, I may disclose health information to the business associate so it can do the job I've asked it to do. To protect your health information, I require the business associate to appropriately safeguard your health information.
- Comply with the law. I may disclose health information about you if required by state or federal laws, including to state and federal agencies charged with oversight of compliance with privacy laws.

### **Emergencies**

Confidential treatment information may also be disclosed in the rare event of a medical or psychological emergency, meaning a sudden change in condition that may result in physical or psychological harm to you if left untreated.

### **Your Rights Regarding Medical Information About You:**

You have the following rights regarding medical information I maintain about you:

- To obtain a copy of my Notice of Privacy Practices.
- To request a restriction on certain uses and disclosures of your information. This request must be in writing.
- To inspect and request a copy of your health record. Your request for inspection or copies, including electronic copies, must be in writing. A reasonable fee for copies will be charged. I may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another health care professional of your choosing.
- To request an amendment to your health record if you feel the information is incorrect or incomplete. Your request must be made in writing and it must include a reason that supports the request.

## Notice of Privacy Practices

Eric van der Voort Psychology PC

- To obtain an accounting of disclosures to others of your health information. The accounting will provide information about disclosures made for purposes other than treatment, payment, health care operations, disclosures excluded by law or those you have authorized.
- To request confidential communications. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that I only contact you at work or by mail. Your request must be in writing and specify the exact changes you are requesting.
- To revoke your authorization. You have the right to revoke your authorization for the use or disclosure of your health information except to the extent that action has already been taken.
- To choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.
- Complain about any aspect of my health information practices to the United States Department of Health and Human Services without fear of retaliation. Complaints about this notice should be directed in writing to:

Office for Civil Rights, Region IX  
U.S. Department of Health and Human Services  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
Voice Phone (415) 437-8310  
Fax (415) 437-8329  
TDD (415) 437-8311