

HEALTH GROUP PSYCHOLOGICAL SERVICES, INC.

CLINICIAN NAME AND LICENSE #: _____

680 Langsdorf Drive
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Fullerton, California 92831
(714) 578-0990

HIPAA 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 IT CAREFULLY.

I am committed to protecting your privacy and understand the importance of safeguarding your personal health information. I am required by federal law to maintain the privacy of health information that identifies you or that could be used to identify you (known as "Protected Health Information"- PHI). I am also required to provide you with this Notice, which explains my legal duties and privacy practices with respect to PHI that I collect and maintain. This Notice describes your rights under federal law and state law, where applicable, relating to your PHI. I am required by federal law to abide by this Notice. However, I reserve the right to change the privacy practices outlined in this Notice and make the new practices effective for all PHI that I maintain. Should I make such a change, I will display the revised Notice in my office and make it available to you upon request.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Routine Uses and Disclosures of Protected Health Information For Treatment, Payment, and Health Care Operations

Psychiatrists are permitted under federal law to use and disclose PHI without your specific permission for three types of routine purposes: treatment, payment, and health care operations.

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

Treatment. Your PHI can be used and disclosed to another healthcare provider who diagnoses or treats you. 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. Your PHI can be used and disclosed for payment purposes. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations. I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control - I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services.

Other Uses and Disclosures of Protected Health Information that is Permitted or Required to be Made Without Your Authorization

In general, I am required to obtain your specific written authorization to use or disclose your PHI for purposes unrelated to treatment, payment, or health care operations. However, there are exceptions to this general rule under which I am permitted or required to make certain uses and disclosures of your PHI without authorization. These situations include:

Required by the Secretary of Health and Human Services. I may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine my compliance with the federal privacy law.

Abuse or Neglect. 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, county welfare department or Child Protective Services. **Adult and Elder 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.

Judicial and Administrative Proceedings. I may disclose PHI in response to a court order, and in some cases, in response to a subpoena or other lawful process not accompanied by a court order.

Serious Threat to Health or Safety. If you communicate to me 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, I may release relevant information as necessary to prevent the threatened danger.

Workers' Compensation. Your PHI may be disclosed to comply with workers' compensation laws and other similar programs.

Required by Law. I may use or disclose your PHI to the extent that the use or disclosure is otherwise required by state or federal law.

Other Restrictions on Uses and Disclosures of Protected Health Information (PHI).

The uses and disclosures of your PHI described above are permitted or required by federal law. Some states have laws that require additional privacy safeguards above and beyond the federal requirements. Thus, where California law is more restrictive regarding uses and disclosures of your PHI or provides you with greater rights with respect to your PHI, I will comply with the state law.

Disclosures to Other Parties for Conducting Permitted Activities.

I may conduct the above-described activities myself, or may use outside entities to perform those operations. In those instances where I disclose your PHI to a third party acting on my behalf, I will protect your PHI through an appropriate privacy agreement.

YOUR RIGHTS

As a patient, you have certain rights regarding your PHI. You need to submit a written request to exercise your patient rights. These rights include:

You have the right to request a restriction on certain uses and disclosures of your PHI. This means that you may ask that I not use or disclose any part of your PHI for purposes of treatment, payment or health care operations. Your request must state the specific restriction requested and state to whom you want the restriction to apply. I am not required to agree to such a restriction. If I do agree, I will abide by your restriction unless I need to use your PHI to provide emergency treatment. In addition, I may elect to terminate the restriction at any time.

You have the right to request to receive information from me by an alternative means or at an alternative location if you believe it would enhance your privacy. For example, you may request that I send written communications to an alternative address. I will attempt to accommodate all reasonable requests.

You have the right to inspect or receive a copy of your PHI. If you would like to see or obtain a copy of your PHI, I am required to provide you access to your PHI for inspection and/or copy upon receipt of your written request. I may charge you a reasonable fee to cover duplicating costs. In addition, there may be situations where I may deny your request if I believe the disclosure will be detrimental to or endanger your life or health or that of another person. Depending on the circumstances of the denial, you may have a right to have this decision reviewed.

You have the right to amend your PHI. This means you may request an amendment of your PHI in my records for as long as I maintain this information. I will respond to your request within 60 days (with up to a 30-day extension, if needed). I may deny your request if, for example, I determine your PHI is accurate and complete. If I deny your request, I will give you a written explanation and allow you to submit a written statement of disagreement.

You have the right to receive an accounting of certain disclosures I have made of your PHI. An accounting is a record of the disclosures that have been made of PHI. This right applies to non-routine disclosures, i.e., for purposes other than treatment, payment, or health care operations, as described in this Notice, made in the six-year period prior to your request (although you are free to request an accounting for a shorter period or time). I am required to provide the accounting within 60 days (with one 30-day extension, if needed) and to provide one accounting free of charge within any 12-month period. (For more frequent requests, a reasonable fee may be charged.)

You have a right to obtain a paper copy of this notice. You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically (i.e., e-mail or website).

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to discuss that with me or file a complaint with me. Rest assured that I will not retaliate against you in any way for filing a complaint about my privacy practices. You may also contact the Secretary of Health and Human Services.

This notice is effective on April 14, 2003.