**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.**

**What is “Medical Information?”**

The term “medical information” is synonymous with the terms “personal health information” and “protected health information” for purposes of this Notice. It essentially means 1) any individual identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, created or received by a health care provider, health plan, or others and 2) relates to the past, present, or future physical or mental health or condition of an individual (you); the provision of health care (e.g., mental health) to an individual (you); or the past, present, or future payment for the provision of health care to an individual (you).

Dr. Buckman creates and maintains treatment records that contain individually identifiable health information about you. These records are generally referred to as “medical records” or “mental health records,” and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

**Uses and Disclosures Without Your Authorization – For Treatment, Payment, or Health Care Operations**

Federal privacy rules (regulations) allow healthcare providers who have a direct treatment relationship with the client (you) to use or disclose the client’s personal health information, without the client’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. She may also disclose your protected health information for the treatment activities of any healthcare provider. This too can be done without your written authorization.

**An example of a use or disclosure treatment purposes:** If your therapist decided to consult with another licensed health care provider about your condition, he/she would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist him/her in the diagnosis or treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because physicians and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care among health care providers or by a healthcare provider with a third party, consultations between health care providers, and referrals of a client for health care from one healthcare provider to another.

**An example of a use or disclosure for payment purposes:** If your health plan requests a copy of your health records, or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, your counselor is permitted to use and disclose your personal health information.

An example of a use or disclosure for health care operations purposes: If your health plan decides to audit your counselor in order to review his/her competence and performance, or to detect possible fraud or abuse, your mental health records may be used or disclosed for those purposes.

**PLEASE NOTE:** Your counselor, or someone in this office, acting with his/her authority, may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your prior written authorization is not required for such contact.

**Other Uses and Disclosures Without Your Authorization:**

Your counselor may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

1. If disclosure is compelled by a court pursuant to an order of that court.
2. If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.
3. If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum (e.g., a subpoena for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.
4. If disclosure is compelled by a board, commission, or an administrative agency pursuant to an investigative subpoena issued pursuant to its lawful authority.
5. If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum (e.g., a subpoena for mental health records), or any other provision-authorizing discovery in a proceeding before an arbitration panel.
6. If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.
7. If disclosure is compelled by the client or the client’s representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the California Health and Safety Code, or by corresponding federal statutes or regulations (e.g., the federal “Privacy Rule” which requires the Notice).
8. If disclosure is compelled by the California Child Abuse and Neglect Reporting Act (for example, if your counselor has a reasonable suspicion of child abuse or neglect).
9. If disclosure is compelled by the California Elder/Dependent Adult Abuse Reporting Law (for example, if your counselor has a reasonable suspicion of elder abuse or dependent adult abuse).
10. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to another person or property of others, and if your counselor determines that disclosure is necessary to prevent the threatened danger.
11. If disclosure is compelled or permitted by the fact that you tell your counselor of a serious threat (imminent) of physical violence to be committed by you against a reasonably identifiable victim or victims.
12. If disclosure is compelled or permitted, in the event of your death, to the coroner in order to determine the cause of your death.
13. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, including but limited to audits, criminal or civil investigations, or licensure or disciplinary actions.
14. If disclosure is compelled by the U.S. Secretary of Health and Human Services to investigate or determine our compliance with privacy requirements under the federal regulations (the “Privacy Rule”).
15. If disclosure is otherwise specifically required by law.

**PLEASE NOTE:** The above list is not an exhaustive list, but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information “in a specific and meaningful fashion.” You may revoke your written authorization at any time, provided that the revocation is in writing and except to the extent that your counselor has taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for you. **If California law protects your confidentiality or privacy more than the federal “Privacy Rule” does, or if California law gives you greater rights than the federal rule does with respect to access to your records, your therapist will abide by California law.** In general, uses or disclosures by your therapist of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when your therapist requests your personal health information from another health care provider, health plan or health care clearinghouse, he/she will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above, in the section dealing with uses or disclosures for treatment purposes, the “minimum necessary” standard does not apply to disclosures to or requests by a healthcare provider for treatment because health care providers need complete access to information in order to provide quality care.

# Your Rights Regarding Protected Health Information

1. You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. Your counselor is not required to agree to your requests restrictions. If he/she does agree, a written record of the agreed upon restriction will be maintained.
2. You have the right to request to receive confidential communications of protected health information from your counselor by alternative means (i.e. letters) or at alternative locations (i.e. phone calls to friend’s house instead of home.)
3. You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, your counselor is permitted to deny access for specified reasons. For instance, you do not have this right to access with respect to the counselor’s “psychotherapy notes.” The term “psychotherapy notes” means notes recorded (in any medium) by a healthcare provider who is a mental health professional documenting or analyzing contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
4. You have the right to amend protected health information in your counselor’s records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, your counselor is permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide your counselor with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become part of your record.
5. You have the right to receive an accounting from your counselor of the disclosures of protected health information made by him/her in the six years prior to the data on which the accounting is requested. As with other rights, this right is not absolute. In other words, your counselor is permitted to deny the request for specified reasons. For instance, he/she does not have to account for disclosures made in order to carry out his/her own treatment, payment or health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.
6. You have the right to obtain a paper copy of this notice from your counselor upon request.

**PLEASE NOTE:** In order to avoid confusion or misunderstanding, we ask that if you wish to exercise any of the rights enumerated above, that you put your request in writing and deliver or send it to our office. If you wish to learn more detailed information about any of the above rights, or their limitations, please let your counselor know.

# Your Counselor’s Duties

Your counselor is required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to let you know of the legal duties, your rights, and your counselor’s privacy practices with respect to such information. Your counselor is required to abide by the terms of the notice currently in effect. He/she reserves the right to change the terms of this notice and/or the privacy practices and to make the changes effective for all protected health information that is maintained, even if it was created or received prior to the effective date of the notice revision. If a revision is made to this notice, it will be available at our office upon request on or after the effective date of the revision.

Your counselor has a strict Compliance Policy that insures compliance with all State and Federal regulations as well as ethical standards of the agency. The Compliance Officer has a duty to develop, implement and adopt clear privacy policies and procedures. Every employee will be trained so that they understand the privacy policies and procedures. In general, client records and information about clients are treated as confidential and are released to no one without the written authorization of the client, with the exceptions stated in this notice or as permitted by law. Client records are kept secured so that they are not readily available to those who do not need them.

You may file complaints to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights may have been violated either by your counselor. There will be no retaliation against you in any way for filing a complaint with the Secretary. Complaints to the Secretary must be filed in writing and sent to: U.S. Health and Human Services Dept., Office for Civil Rights, 200 Independence Ave., S.W., Room 509F, Washington, D.C. 20201

If you need or desire further information related to this Notice or its contents, or if you have any questions about the Notice or its contents, please ask your counselor. We will do our best to answer your questions and to provide you with additional information.

This notice first became effective on April 14, 2003. This version is dated: 5-6-2011.