

House Psychiatric Clinic, Inc.

Notices of Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how medical and psychological information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The words and phrases “your provider”, “we”, “our”, and “ours” refer to the clinicians at House Psychiatric Clinic, Inc. collectively and/or singly, as appropriate.

Your Personal Health Information

We collect personal health information (PHI) from you through treatment, payment and related healthcare operations. Your personal health information that is protected by law broadly includes any information that is created or received by certain health care entities, including health care providers. The law specifically protects health information that contains data, such as your name, address and social security number, which could be used to identify you as the individual patient who is associated with that health information.

Uses or Disclosures of Your Personal Health Information (PHI)

In general, we may not *use* or *disclose* your PHI without your permission. Further, once your permission has been obtained, we must use or disclose your PHI in accordance with the specific terms of that permission. “Use” applies to activities only within this office such as sharing, applying, or analyzing information that applies to you. “Disclose” applies to activities outside this office. Such as releasing, transferring or providing access to information about you to other parties.

I. Without Your Consent

Without your specific consent, we may use or disclose your PHI in order to provide you with services and the *treatment* you require or request, or to collect payment for those services, and to conduct other related *health care operations* otherwise permitted or required by law. However, even with your permission, we are still required to limit such uses or disclosures to the minimal amount of PHI that is reasonably required to provide those services or complete those activities.

“Treatment” is when a healthcare provider diagnoses or treats you. An example of treatment would be when your provider consults with another health care provider, such as your family physician, regarding your treatment.

“Payment” is when a provider obtains reimbursement for your health care. 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.

“Health Care Operations” is when a provider discloses your PHI to your health care service plan (for example, your health insurer), or to other health care providers contracting with your plan, for purposes of administering the plan, such as case management and care coordination.

II. Uses and Disclosures Requiring Your Consent

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment and payment operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your *psychotherapy notes*, if we have kept those notes.

“Psychotherapy notes” are notes your provider has made (if any) about your conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until we receive it and is not retroactive.

III. Uses and Disclosures Requiring Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- ***Child Abuse:*** Whenever any provider, in their professional capacity, has knowledge of or observes a child they know or reasonably suspect has been the victim of child abuse or neglect, they must immediately report such to a police or sheriff’s department, county probation department, or county welfare department. Also, if any provider has knowledge of or reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, they may report such to the above agencies.
- ***Adult and Domestic Abuse:*** If any provider, in their professional capacity, has observed or has 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 they are told by an elder or dependent adult that he or she has experienced these or if they reasonably suspect such, that provider must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.

The provider does not have to report such an incident if:

- 1) They 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;
 - 2) They are not aware of any independent evidence that corroborates the statement that the abuse has occurred;
 - 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;
 - 4) In the exercise of a clinical judgment, the provider reasonably believes that the abuse did not occur.
- ***Health Oversight:*** If a complaint is filed against your provider with the appropriate licensing Board (California Board of Psychology for psychologists; Board of Behavioral Sciences for licensed clinical social workers; Osteopathic Medical Board of California for doctors of osteopathy), that board has the authority to subpoena confidential mental health information from your provider relevant to that complaint.

- **Judicial or Administrative Proceeding:** If you are involved in a court proceeding and a request is made about the professional services that have been provided to 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. Your provider will inform you in advance if this is the case.
- **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 to others, we may release relevant information as necessary to prevent the threatened danger.
- **Worker's Compensation:** If you file a worker's compensation claim, in which you claim a mental health injury, 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.

IV. Patient's Rights and Provider's Duties

Patient's Rights:

- ***Right to request restrictions-*** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request. If we do agree to a restriction, we are bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.
- ***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 reasonable alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a mental health provider. 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 charge you a reasonable cost-based fee for copying, postage and mailing, and if you request a summary of your PHI in lieu of the records, we may charge a fee to cover the costs of preparing that summary. 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 that have been made within the six years prior to your request, for which you have neither provided consent nor authorization (as described in section III of this notice). We are not required to report disclosures that occurred prior to 4/14/2003. On your request, we 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 notice from us upon request, even if you have agreed to receive the notice electronically.

Provider's Duties:

- Your provider is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will mail you a copy or provide you with a copy on your next visit (See Section VII of this Notice).

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact us at the address and phone number listed at the top of this notice. Each provider listed is there own Privacy Officer, though certain duties of the Privacy Officer may be performed by the Office Manager or other staff.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at the following address: Region IX, Office for Civil Rights, U.S. Department of Health and Human Services, 50 United Nations Plaza, Room 322, San Francisco, Ca 94102; Phone 415-437-8310; Fax 415-437-8329; TDD 415-437-8311

VI. Effective Date

This notice will go into effect January 1, 2009.

VII. Amendments

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all PHI we maintain even if created or received prior to the effective date of the revision or amendment. If you seek services from us after a revision or amendment has been made, we will provide you with the current Privacy Policy in the office by mail within 60 days of the effective date of any such change.