



NOTICE OF PRIVACY PRACTICES

I. THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In December 2000, the Federal Government finalized Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164).

II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PAPER & ELECTRONIC PERSONAL HEALTH INFORMATION (PHI)

I am legally required to protect the privacy of your PHI (including paper/electronic), which includes information that can be used to identify you that I've created or received about your past, present or future health or condition, the provision of health care to you, or the payment of this health care. I must provide you with this Notice about my privacy practices, and this notice must explain, how, when and why I will "use" and "disclose" your PHI. A "use" of PHI occurs when I share, examine, utilize, apply or analyze such information within my practice. PHI is "disclosed" when it is released, transferred, has been given to or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. I am legally required to follow the privacy practices described in this Notice.

However, I reserve the right to change the terms of this Notice and my privacy practices at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office (and, on my website, if applicable). You can also request a copy of this Notice from me, or you can view a copy of it in my office. I am also required to send you a copy via email, should you request one.

III. HOW I MAY USE AND DISCLOSE YOUR PHI

I will use and disclose your PHI for many different reasons. For some of these disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures, along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations Do Not Require Your Prior Written Consent.

I can use and disclose your PHI without your consent for the following reasons:

1. **For treatment:** I can disclose your PHI to physicians, psychiatrists, psychologists and other licensed health care providers who provide you with health care services or are involved with your care. For example, if you're being treated by a psychiatrist, I can disclose your PHI to your psychiatrist in order to coordinate our care.
2. **To obtain payment for treatment:** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I may also provide your PHI to my business associates, such as billing companies, claims processing companies and others that process my health care claims.
3. **For health care operations:** I can disclose your PHI to operate my practice. For example, I might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. I may also provide your PHI to my accountants, attorneys, consultants and others to make sure I'm complying with applicable laws.
4. **Other disclosures:** I may also disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

B. Certain Uses and Disclosures Do Not Require Your Consent: I can use and disclose your PHI without our consent for the following reasons:

1. **When disclosure is required by federal, state or local law; judicial or administrative proceedings; or law enforcement:** For example, I may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect, or when ordered in a judicial or administrative proceeding.
2. **For public health activities:** For example, I may have to report information about you to the county coroner.
3. **For health oversight activities:** For example, I may have to report information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **To avoid harm:** In order to avoid a serious threat to the health or safety of a person or the public, I may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
5. **For specific government functions:** I may disclose PHI of military personnel and veterans in certain situations. I may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
6. **For workers' compensation purposes:** I may provide PHI in order to comply with workers' compensation laws.
7. **Appointment reminders and health related benefits or services:** I may use PHI to provide email appointment reminders or give you information about treatment alternatives.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Disclosures to family, friends or others:** I may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A, B, and C above, I will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any further uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

IV. ELECTRONIC RECORDS

Electronic records are subject to similar concerns and requirements as paper records. I keep electronic medical records on each patient. The 2005 HIPAA Security Rule provides specific guidance on managing electronic protected health information. It applies to practitioners who must comply with HIPAA and who store or transmit such information. The rule requires that I take special care in maintaining electronic records and that I conduct a risk analysis of specified issues and security measures appropriate for the practice. The electronic practice management company that I use takes reasonable efforts to maintain their service in a manner that includes appropriate administrative, technical and physical security measures designed to protect the confidentiality, availability and integrity of ePHI as required by HIPAA. The database is fully encrypted, access to the application is encrypted, data is backed up regularly at a SAS 70 Type II certified data center, strong passwords are required and changed frequently, all actions are logged which offers a strong audit trail, powerful firewalls protect the servers, allows ability to print a paper copy of medical file, and limited IP addresses are allowed to access the service.

I make reasonable and appropriate administrative, technical, and physical safeguards for protecting ePHI. Including: (1) Ensuring the confidentiality, integrity, and availability of all ePHI that I create, receive, maintain or transmit; (2) Identifying and protecting against reasonably anticipated threats to the security or integrity of the information; (3) Protecting against reasonably anticipated, impermissible uses or disclosures; and (3) Ensuring compliance by my workforce.

A. Workstation, Device Security, and Technical Safeguards

I implement policies and procedures to specify proper use of and access to workstations and electronic media. I have policies and procedures regarding the transfer, removal, disposal, and re-use of electronic media, to ensure appropriate protection of electronic protected health information. I also have several technical safeguards to protect your health information including:

1. **Access Control.** I implement technical policies and procedures that allow only authorized persons to access electronic protected health information (ePHI).
2. **Audit Controls.** I implement hardware, software, and/or procedural mechanisms to record and examine access and other activity in information systems that contain or use ePHI.
3. **Integrity Controls.** I implement policies and procedures to ensure that ePHI is not improperly altered or destroyed.
4. **Transmission Security.** I implement technical security measures that guard against unauthorized access to ePHI that is being transmitted over an electronic network.

V. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI: You have the following rights with respect to your PHI:

1. **The Right to Request Limits On Uses and Disclosures of Your PHI.** You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.
2. **The Right to Choose How I Send PHI to You.** You have the right to ask that I send information to you at an alternate address (for example, sending information to you work address rather than your home address) or by alternate means (for example, email instead of regular mail). I must agree to your request so long as I can easily provide the PHI to you in the format you requested.
3. **The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that I have, but you must make the request in writing. If I don't have your PHI, but I know who does, I will tell you how to get it. I will respond to you within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed.
4. **If you request copies of your PHI.** I will charge you not more than \$.25 for each page. Instead of providing you with the PHI that you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.
5. **The Right to Get a List of the Disclosure I Have Made.** You have the right to get a list of instances in which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment or health care operations, directly to you, or to your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel.
6. **I will respond to your request for an accounting of disclosures within 60 days of receiving your request.** The list I give will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed, and the reasons for the disclosure. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
7. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.
8. **The Right to Get This Notice by Email.** You have the right to get a copy of this Notice by email. Even if you have agreed to receive notice via email, you also have the right to request a paper copy or download from my website.

VI. HOW TO FILE A COMPLAINT ABOUT MY PRIVACY PRACTICES. If you think that I may have violated your privacy rights, or if you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in Section VI, below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy practices.

VII. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES. If you have any questions about this Notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at Dr. Amber Learn, CA Lic. Num. PSY25444, 32605 Temecula Pkwy, Suite 303, Temecula, CA 92562, (P) 858-610-4625 or email at info@dramberlearn.com.

VII. EFFECTIVE DATE OF THIS NOTICE. This Notice went into effect on August 3, 2015.

I have read and understand this Notice of Privacy Practices:

Client Printed Name

Client Signature

Date

Client Email Address for Email Appointment Reminders: _____